

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 12 PM 2:47

DOCUMENT # L05000099135

1. Limited Liability Company's Name

BAMMAN OAKS LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

4131 TRADEWINDS TRAIL

Suite, Apt. #, etc.

(N/A)

City & State

MERRITT ISLAND, FL

Zip

32953

Country

U.S.A.

3. Mailing Office Address

4131 TRADEWINDS TRAIL

Suite, Apt. #, etc.

(N/A)

City & State

MERRITT ISLAND, FL

Zip

32953

Country

U.S.A.

4. State/Country of Formation

FLORIDA / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

10/07/2005

6. FEI Number

(N/A)

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SAMUEL A. BAMMAN, SR.

Street Address (P.O. Box Number is Not Acceptable)

4131 TRADEWINDS TRAIL

Suite, Apt. #, Etc.

(N/A)

City

MERRITT ISLAND,

State

FL

Zip Code

32953

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Samuel A. Bamman, Sr.
REGISTERED AGENT MUST SIGN

Date

10/09/2007

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SAMUEL A. BAMMAN, SR.	4131 TRADEWINDS TRAIL	MERRITT ISLAND FL 32952
MGR	CHRYSANTHE C. BAMMAN	4131 TRADEWINDS TRAIL	MERRITT ISLAND, FL 32953
REINSTATEMENT 2006-2007			
000110740510 10/12/07--01060--012 **205.00			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Samuel A. Bamman, Sr.
SAMUEL A. BAMMAN, SR.

Date

10/09/2007

Daytime Phone #

321/794-9494

Typed or printed name of signing Managing Member/Manager