

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

10 MAR 19 PM 1:35

DOCUMENT # L05000104731

1. Limited Liability Company's Name

RATIONAL EXUBERANCE, LLC

REINSTATEMENT 2007-10 804

100171753491
03/10/10--01028--005 **555.00

CR2E041 (11/09)

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

4741 CHANDLERS FORDE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS 2.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

34235

Country

USA

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-3745212

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

STEVEN N. DAHLQUIST

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

4741 CHANDLERS FORDE

Suite, Apt. #, Etc.

City

SARASOTA.

State

FL

Zip Code

34235

☒ 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

REGISTERED AGENT MUST SIGN

Date 03/09/2010

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
MEM	DAHLQUIST, STEVEN	4741 CHANDLERS FORDE	SARASOTA, FL 34235
MEM	CLARK, ROBERT S., JR.	2685 SUNNYSIDE ST.	SARASOTA, FL 34239

11. E-mail Address: STEVEN.DAHLQUIST@GMAIL.COM

(To be used for future annual report notifications)

12. 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

Date 3/09/2010

Daytime Phone # 941.587.8531

Typed or printed name of signing Managing Member/Manager

STEVEN N. DAHLQUIST