

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JUL 21 PM 1:50

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05400113050

1. Limited Liability Company's Name

RUSSELL F. ORF, LLC

SECRETARY OF STATE
2009 JUL 21 PM 1:50
07/20/09--01058--005 **416.25

200158701892

CR2E041 (10/08)

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

2319-104 Oak Myrtle Lane

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33544

Country

3. Mailing Office Address

2319-104 Oak Myrtle Lane

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33544

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 1/22/2005

6. FEI Number

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

Peter T. Kirkwood

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

601 Bayshore Boulevard

Suite, Apt. #, Etc.

Ste. 700

City

Tampa

State

FL

Zip Code

33606

☒ 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

Peter T. Kirkwood

REGISTERED AGENT MUST SIGN

Date

7/15/09

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
Mgrm	Russell F. Orf	2319-104 Oak Myrtle Lane	Wesley Chapel, FL 33544

REINSTATEMENT

-07-09

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 608.408, 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 X

Russell F. Orf

Date

7/11/2009

Daytime Phone#

703-378-7865

Typed or printed name of signing Managing Member/Manager

RUSSELL F. ORF, Managing Member

#424381

CL