

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 FEB 14 AM 10:33

DOCUMENT # L. 05000118655.

1. Limited Liability Company's Name

ROBERT J CORBETT LLC

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

108 INDIAN MOUND RD.

Suite, Apt. #, etc.

3. Mailing Office Address

108 INDIAN MOUND RD

Suite, Apt. #, etc.

City & State

SATSUMA FL

City & State

SATSUMA FL

Zip

32189

Country

FLORIDA

Zip

32189

Country

FLORIDA

CR2E041 (1/07)

4. State/Country of Formation

FL - PUTNAM

5. Date Organized or Qualified
To Do Business in Florida

12/14/05.

6. FEI Number

20-3998983.

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

ROBERT J. CORBETT

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

108 INDIAN MOUND RD

Suite, Apt. #, Etc.

City

SATSUMA

State

FL

Zip Code

32189

☒ 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 2/9/07

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	ROBERT CORBETT	108 INDIAN MOUND RD	SATSUMA - FL - 32189

900088881679
02/21/07-01017-016 **100.00

REINSTATEMENT 06-07

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

Date

Daytime Phone (386) 328-8783

Cell (904) 347-4964.

Typed or printed name of signing Managing Member/Manager

ROBERT J CORBETT