

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 20 PM 1:15
TALLAHASSEE, FLORIDA

DOCUMENT # L06000021058

1. Limited Liability Company's Name

RB DAVID, LLC

BK
07

BK

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
57 BOWDITCH ROAD

Suite, Apt. #, etc.

City & State
SUDBURY, MA

Zip
01776

Country
USA

3. Mailing Office Address
57 BOWDITCH ROAD

Suite, Apt. #, etc.

City & State
SUDBURY, MA

Zip
01776

Country
USA

4. State/Country of Formation
FL, USA

5. Date Organized or Qualified
To Do Business in Florida 02/27/2006

6. FEI Number
41 - 2199047

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
BRUGGER, JOHN N

Street Address (P.O. Box Number is Not Acceptable)
600 FIFTH AVE SOUTH

Suite, Apt. #, Etc.
SUITE 207

City
NAPLES

State
FL

Zip Code
34102

☒ 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 1/19/09

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
MGR	LEHAIM, L.L.C.	57 BOWDITCH ROAD	SUDBURY, MA 01776

REINSTATEMENT

2007-2009

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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 1/19/09

Daytime Phone # 239-263-6000

Typed or printed name of signing Managing Member/Manager Edmon Mamane