

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 15 AM 11:48

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

800136867148
10/13/08--01027--018 **138.75

CR2E041 (12/07)

DOCUMENT # L06000025954

1. Limited Liability Company's Name

SBTS Dream Team LLC

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

605 N. Co. Hwy 393

Suite, Apt. #, etc.

Suite #9E

City & State

Santa Rosa Beach, FL

Zip

32459

Country

US

3. Mailing Office Address

605 N. County Hwy 393

Suite, Apt. #, etc.

Suite #9E

City & State

Santa Rosa Beach, FL

Zip

32459

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **3/10/2006**

6. FEI Number

20-4504119

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

Barry Flynn

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

605 N. County Hwy 393

Suite, Apt. #, Etc.

Suite #9E

City

Santa Rosa Beach, FL

State

FL

Zip Code

32459

☒ **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

Barry Flynn

REGISTERED AGENT MUST SIGN

Date **9/24/08**

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	Barry Flynn	719 Persimmon Way	Niceville, FL 32578

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09/25/08--01027--007 **138.75

REINSTATEMENT 2007-08

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

Barry Flynn

Date **9/24/08**

Daytime Phone # **850-267-2160 x201**

Typed or printed name of signing Managing Member/Manager **Barry Flynn**