

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 CORPORATION

09 DEC 14 PM 3:41

DOCUMENT #

1. Limited Liability Company's Name

Master Trainer Tmr & Associates,  
LLC

REINSTATEMENT 2007-09 864

300163590583  
12/14/09--01059--015 \*\*421.85  
CR2E041 (11/09)

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

681 Oak Hollow Way

Suite, Apt. #, etc.

3. Mailing Office Address

681 Oak Hollow Way

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32714

Country

U.S.A.

City & State

Altamonte Springs, FL

Zip

32714

Country

U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

3-16-2006

6. FEI Number

74-3168117

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

Theresa M. Robinson

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

681 Oak Hollow Way

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

☒ 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

Theresa M. Robinson

REGISTERED AGENT MUST SIGN

Date 12/10/09

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	Theresa M. Robinson	681 Oak Hollow Way	Altamonte Springs, FL 32714

11. E-mail Address: theresa.mrobinson@mastertrainertmr.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

Theresa M. Robinson

Date 12/10/09

Daytime Phone #

407-414-4125

Typed or printed name of signing Managing Member/Manager

Theresa M. Robinson