

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 25 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100180411021
05/05/10--01036--003 **377.50
CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name

Fisher-Ball Investments, LLC

W10-23467

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

3142 N.W. 61st Street

Suite, Apt. #, etc.

3. Mailing Office Address

3142 NW 61st Street

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33496

Country

U.S.

Zip

33496

Country

U.S.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified

To Do Business in Florida 3/27/06

6. FEI Number

204622082

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

Steven J. Gutter

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

3142 NW 61st Street

Suite, Apt. #, Etc.

City

Boca Raton,

State

FL

Zip Code

33496

☐ 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 4/28/10

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	Steven J. Gutter	3142 NW 61 st Street	Boca Raton, FL 33496

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REINSTATEMENT 08-10

11. E-mail Address: SJG 714@aol.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

Date

4/28/10

Daytime Phone #

561-961-2525

Typed or printed name of signing Managing Member/Manager