

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 13 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT # L06000061348

1. Limited Liability Company's Name

RAMCO ADVISORS, LLC

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3114 Winged Foot Drive

Lakeland, FL

33803

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6/16/2006

6. FEI Number

20-8093896

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

David A. Miller

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

1041 Sugar Tree Lane South

Suite, Apt. #, etc.

City

Lakeland

State

FL

Zip Code

33813

☒ 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

David A. Miller

REGISTERED AGENT MUST SIGN

Date *4/28/2010*

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	<i>Robert A. Miller</i>	<i>3114 Winged Foot Drive</i>	<i>Lakeland, FL 33803</i>
		L. SELLERS	
		MAY 17 2010	000180851340 05/13/10--01036--003 **555.00
		EXAMINER	
		REINSTATEMENT	<i>07-2010</i>

11. E-mail Address: *damiller12@gmail.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

[Signature]

Date *4/28/2010*

Daytime Phone # *863-686-2429*

Typed or printed name of signing Managing Member/Manager