

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 12 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E041 (1/07)

DOCUMENT # L06000075003

1. Limited Liability Company's Name

Jamie S Robbins, LLC

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

419 Forest Oak Dr

Suite, Apt. #, etc.

City & State

Seffner, FL

Zip

33584

Country

USA

3. Mailing Office Address

Same as principle.

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL., USA

5. Date Organized or Qualified
To Do Business in Florida

07/28/06

6. FEI Number

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

Jamie S Robbins

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

419 Forest Oak Dr

Suite, Apt. #, Etc.

City

Seffner

State

FL

Zip Code

33584

☒ 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

1-18-8

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	Jamie S Robbins	419 Forest Oak Dr	Seffner, FL 33584
			800118440268 02/20/08--01022--014 **277.50

REINSTATEMENT 2007-2008

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

1-18-8

Daytime Phone #

813 802 5876

Typed or printed name of signing Managing Member/Manager

Jamie S Robbins