

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
08 MAR 13 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

CR2E041 (1/07)

DOCUMENT # L06000106996

1. Limited Liability Company's Name

Scott Alan Bolger, LLC.

07

2. Principal Office Address - No P.O. Box #  
1420 Cortes Drive

Suite, Apt. #, etc.

City & State  
Englewood, Fl.

Zip  
34223

Country  
USA

3. Mailing Office Address  
Same as principle

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 11/03/06

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  
Scott Alan Bolger

Street Address (P.O. Box Number is Not Acceptable)  
1420 Cortes Drive

Suite, Apt. #, Etc.

City  
Englewood,

State  
FL

Zip Code  
34223

☒ 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

*[Handwritten signature of Scott A. Bolger]*

REGISTERED AGENT MUST SIGN

Date

3-7-2008

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	Scott Alan Bolger	1420 Cortes Drive	Englewood, Fl. 34223

REINSTATEMENT 2007-2008

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03/25/08--01028--015 \*\*277.50

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

*[Handwritten signature of Scott A. Bolger]*

Date

3-7-2008

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Scott Alan Bolger