

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 AUG 19 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900159729139
08/19/09--01017--027 **626.25

DOCUMENT # L06000108021

1. Limited Liability Company's Name

Holbeck Investments, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 3001 North Rocky Point Drive East		3. Mailing Office Address 28015 Smyth Dr	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Valencia, CA	
Zip 33607	Country USA	Zip 91355	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business In Florida 11/07/2006	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Registered Agents of America, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 199 East Flagler Street #510			
Suite, Apt. #, Etc.			
City Miami	State FL	Zip Code 33131	

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date _____

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	Cyrstal Shell	3001 North Rocky Point Drive East, Ste 200	Tampa, Florida 33607

REINSTATEMENT 07-09

[Signature]

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

[Signature]
Cyrstal Shell

Date 08/14/2009

Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager