

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000117038

1. Corporation Name

Richard D. Comstock LLC

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

1513 LANCE RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JUPITER, FLORIDA

City & State

Zip 33469

Country U.S.

Zip

Country

7. Name and Address of Current Registered Agent

Name

Richard D. Comstock

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

1513 LANCE RD

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33469

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Richard D. Comstock

REGISTERED AGENT MUST SIGN

Date 11-18-2008

☒ The 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 reinstatement fee be waived.

4. Date Incorporated or Qualified
To Do Business in Florida

12-7-2006

5. FEI Number

01-0879264

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MEMBER OWNER	Richard D. Comstock	1513 LANCE RD	JUPITER, FL 33469

REINSTATEMENT 2007, 2008

FILED
NOV 26 P 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Richard D. Comstock

Richard D. Comstock

Date

Daytime Phone #

11-18-2008 561-309-1507