

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 OCT -5 PM 3:57

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD6000118349

1. Limited Liability Company's Name

Bloom, LLC

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

3005 S. MacDill Ave. (same)
Suite, Apt. #, etc. as office.

City & State

TAMPA, FL

Zip Country
33629 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

1-1-2007

6. FEI Number

208024731

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Julie Lohoefer

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

6816 S. Juanita St.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33616

E-mail Address:

10/05/12--01003--018 **382.50

200240478942

10/05/12--01003--018 **382.50

Julie@bloomprdenshop.com
(To be used for future annual report notices)

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

Julie Lohoefer

REGISTERED AGENT MUST SIGN

Date 10-1-2012

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	Julie Lohoefer	6816 S. Juanita St., TAMPA, FL	33616
MGRM	Chad Lohoefer	6816 S. Juanita St., Tampa, FL	33616
REINSTATEMENT - 2011-2012			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

Signature of Managing
Member/Manager

Julie Lohoefer

Date

10/1/12

Daytime Phone #

(813) 377-8091

Typed or printed name of signing Managing Member/Manager