

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

09 NOV -3 PM 12:42

DOCUMENT # LO7000001075

1. Limited Liability Company's Name

Reeder's Duplex#1,LLc.

**REINSTATEMENT** 2009 LLC

300162153833  
10/26/09--01027--011 \*\*138.75  
CR2E041 (10/08)

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

10214 Golden Eagle Dr

Suite, Apt. #, etc.

3. Mailing Office Address

10214 Golden Eagle Dr

Suite, Apt. #, etc.

4. State/Country of Formation

Florida/Pinellas

5. Date Organized or Qualified

To Do Business in Florida Jan.4,2007

6. FEI Number

20-8154647

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

City & State

Seminole, Fl

City & State

Seminole, Fl

Zip

33778

Country

Pinellis

Zip

33778

Country

Pinellas

8. Name and Address of Current Registered Agent

Name

Larry Reeder

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

10214 Golden Eagle Dr

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33778

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

*Larry Reeder*  
REGISTERED AGENT MUST SIGN

Date Oct 22,2009

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	Larry Reeder	10214 Golden Eagle Dr	Seminole Fl 33778
MGRM	Loretta Reeder	10214 Golden Eagle Dr	Seminole Fl 33778

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

*Larry Reeder Loretta Reeder*

Date 10/22/2009

Daytime Phone# 727-432-7785

Typed or printed name of signing Managing Member/Manager Larry Reeder Loretta Reeder