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L07000003994

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 CORPORATIONS

10 AUG 13 PM 4 30

DOCUMENT # L07000003994

1. Limited Liability Company's Name

Freebeau Swindle, LLC

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500184341215
08/16/10--01001--016 **377.50

CR2E041 (05/10)

CY

2. Principal Office Address - No P.O. Box # 1218 Lucy St.		3. Mailing Office Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State Tallahassee FL		City & State	
Zip 32308	Country USA	Zip	Country

4. State/Country of Formation
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number 342027987
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

Applied For
Not Applicable

8. Name and Address of Current Registered Agent			
Name Freebeau Swindle			
Street Address (P.O. Box Number is Not Acceptable) 1218 Lucy Street			
Suite, Apt. #, Etc. 3			
City Tallahassee	State FL	Zip Code 32308	

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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 	Date 8/13/2010

REGISTERED AGENT MUST SIGN

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
MEM	Freebeau Swindle	1218 Lucy Street	Tallahassee, FL 32308
REINSTATEMENT 2009-2010			

11. E-mail Address.	
(To be used for future annual report notifications)	
12. 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 	Date 8/13/2010
Daytime Phone # 850-251-1149	
Typed or printed name of signing Managing Member/Manager	