

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -2 PM 4:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**
DOCUMENT #

1. Limited Liability Company's Name

L07000023508
Derek Ruegner LLC

700167768857
*02/02/10--01013--015 **521.25*

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <i>2214 STANLEY ST</i>		3. Mailing Office Address <i>2214 STANLEY ST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>ORLANDO, FL</i>		City & State <i>ORLANDO, FL</i>	
Zip <i>FL 32803</i>	Country <i>USA</i>	Zip <i>32803</i>	Country <i>USA</i>

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

MARCH 01, 2007

6. FEI Number

20-8677592

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name *Derek I. Ruegner*

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

2214 Stanley St

Suite, Apt. #, Etc.

City *ORLANDO*

State

FL

Zip Code

32803

☐ 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]

Date *1-25-10*

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
<i>MGR</i>	<i>Derek Ruegner</i>	<i>2214 Stanley St</i>	<i>ORLANDO, FL 32803</i>
	L. SELLERS		
	<i>FEB - 8 2010</i>		
	EXAMINER		
REINSTATEMENT <i>08-2010</i>			

11. E-mail Address: *kyordy11@AOL*

(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

[Signature]

Date *1-25-10*

Daytime Phone #

407-234-3350

Typed or printed name of signing Managing Member/Manager