

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV 15 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000059933

1. Limited Liability Company's Name

SEBRING, LLC

900187784819
11/15/10--01003--002 **377.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 2318 BAY VILLAGE CT		3. Mailing Office Address 2318 BAY VILLAGE CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33410	Country US	Zip 33410	Country

4. State/Country of Formation FLORIDA/UNITED STATES	
5. Date Organized or Qualified To Do Business in Florida 06/07/2007	
6. FEI Number 30-0424482	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name MICHAEL N. JOHNSON			
Street Address (P.O. Box Number is Not Acceptable) 2318 BAY VILLAGE CT			
Suite, Apt. #, Etc.			
City PALM BEACH GARDENS		State FL	Zip Code 33410

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

Michael N. Johnson

REGISTERED AGENT MUST SIGN

Date **10/25/2010**

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
MGR	MICHAEL N. JOHNSON	2318 BAY VILLAGE CT	PALM BEACH GARDENS, FL 33410
MGRM	ROCCIO JOHNSON	2318 BAY VILLAGE CT	PALM BEACH GARDENS, FL 33410

11. E-mail Address: **DRMNT@AOL.COM**
(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

Michael N. Johnson

Date **10/25/2010**

Daytime Phone # **(61) 262-1709**

Typed or printed name of signing Managing Member/Manager