

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 OCT 21 PM 1:15

DOCUMENT #

1. Limited Liability Company's Name
Sellers & Buyers Assistance, LLC

REINSTATEMENT 2008-09 LEM

900161979739

10/21/09--01025--003 **238.75
CR2E041 (10/08)

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

7651 Ardwick Dr

3. Mailing Office Address

7651 Ardwick Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

Zip

33467

Country

US

Zip

33467

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/19/07

6. FEI Number

NONE

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
Michael Kemp

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

7651 Ardwick Dr

Suite, Apt. #, Etc.

City
Lake Worth

State
FL

Zip Code
33467

☒ 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

M. Kemp

REGISTERED AGENT MUST SIGN

Date 10/16/09

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
owner	Michael Kemp	7651 Ardwick Dr	Lake Worth FL 33467

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

M. Kemp

Date 10/16/09 Daytime Phone # 561 302 8668

Typed or printed name of signing Managing Member/Manager Michael Kemp