

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAY -1 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001
05/04/09--01002--003 **277.50

CR2E041 (10/08)

DOCUMENT # L07000112280

1. Limited Liability Company's Name

Cey Enterprise Unlimited LLC

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

13802 Gentle Woods Av.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 811

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip Country

33569 USA

City & State

Brandon FL

Zip Country

33509 USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

NOV. 2007

6. FEI Number

392 065 574

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

Ceketha Yarbrough

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

13802 Gentle Woods Avenue

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

☒ 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

Ceketha Yarbrough

REGISTERED AGENT MUST SIGN

Date

April 30, 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
<u>MEM</u>	<u>Ceketha Yarbrough</u>	<u>13802 Gentle Woods Avenue</u>	<u>Riverview, FL 33569</u>

REINSTATEMENT

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

Ceketha Yarbrough

Date

4/31/09

Daytime Phone #

813-654-2413

Typed or printed name of signing Managing Member/Manager

Ceketha Yarbrough