

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

09 DEC 11 PM 2:00

DOCUMENT # L07000113183

1. Limited Liability Company's Name

Benjamin J Webster, LLC

08

BK

CR2E041 (10/08)

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

13503 GLEN HARWELL RD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS PRINCIPLE

Suite, Apt. #, etc.

City & State

DOVER, FL.

City & State

Zip

33527

Country

USA

Zip

Country

4. State/Country of Formation

11/08/07

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

BENJAMIN J WEBSTER

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

13503 GLEN HARWELL RD

Suite, Apt. #, Etc.

City

DOVER,

State

FL

Zip Code

33527

☐ 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 12-8-09

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
MGRM	BENJAMIN J WEBSTER	13503 GLEN HARWELL RD	DOVER, FL. 33527

300163538533
12/11/09--01006--023 **277.50

REINSTATEMENT

2008-2009

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

[Signature]

Date 12-8-09

Daytime Phone # 813 333 8315

Typed or printed name of signing Managing Member/Manager