

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07000118266

1. Limited Liability Company's Name

**Solmson Family Enterprises, LLC**

**FILED**

10 AUG -6 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600183559376

07/19/10--01046--002 \*\*\$16.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #  
3010 Grand Bay Blvd

3. Mailing Office Address  
3010 Grand Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 4102

Apt 4102

City & State

City & State

Longboat Key, FL

Longboat Key, FL

Zip

Country

Zip

Country

34228-4416

USA

34228-4416

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/27/2007

6. FEI Number

26-1463720

☐ 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  
Solmson, Robert M.

Street Address (P.O. Box Number is Not Acceptable)  
3010 Grand Bay Blvd

Suite, Apt. #, Etc.  
Apt 4102

City  
Longboat Key

State  
FL

Zip Code  
34228

**REINSTATEMENT** 7/15/10 [Signature]

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

7/15/10

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
MGRM	Robert M. Solmson	3010 Grand Bay Blvd, Apt 4102	Longboat Key, FL 34228

11. E-mail Address:

(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

7/31/10

Daytime Phone #

<901> 285-4928

Typed or printed name of signing Managing Member/Manager