

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000118268

1. Limited Liability Company's Name

Solmson Management, LLC

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

3010 Grand Bay Blvd

Suite, Apt. #, etc.

Apt 4102

City & State

Longboat Key, FL

Zip

34228-4416

Country

USA

3. Mailing Office Address

3010 Grand Bay Blvd

Suite, Apt. #, etc.

Apt 4102

City & State

Longboat Key, FL

Zip

34228-4416

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/27/2007

6. FEI Number

26-1463647

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

CR2E041 (05/10)

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

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

R M Solmson

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

REINSTATEMENT

08-10

08-21-10

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

R M Solmson

Date _____

Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____