

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 21 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000033889

1. Limited Liability Company's Name

LB'S - ST PETE, LLC

CR2E041 (10/08)

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

350 1st Ave North

Suite, Apt. #, etc.

3. Mailing Office Address

732 17th Ave N.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

03/31/2008

City & State

ST. Petersburg FL.

City & State

ST Petersburg FL.

Zip

33701

Country

USA

Zip

33704

Country

USA

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

Charles Ricard

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

732 17th Ave No

Suite, Apt. #, Etc.

Not Applicable

City

Saint Petersburg

State

FL

Zip Code

33704

☒ 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

Charles Ricard III
REGISTERED AGENT MUST SIGN

Date

09/13/09

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
<u>MGR</u>	<u>Charles Ricard III</u>	<u>732 17th Ave No</u>	<u>ST. Pet. FL. 33704</u>

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REINSTATEMENT 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

Charles Ricard III

Date

09/13/09

Daytime Phone #

727-342-3847

Typed or printed name of signing Managing Member/Manager