

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000040885

1. Limited Liability Company's Name

Goodstay, LLC

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

1775 Harbor Road

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34746

Country

United States

3. Mailing Office Address

1775 Harbor Road

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34746

Country

United States

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/22/2008

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

Teresita M. Robb

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

1775 Harbor Road

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34746

☐ 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]

REGISTERED AGENT MUST SIGN

Date 11-18-09

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
	Teresita M. Robb	1775 Harbor Road	Kissimmee, FL 34746
	Gerald J. Robb, Sr.	1775 Harbor Road	Kissimmee, FL 34746
			S. HAWKES
	REINSTATEMENT		DEC - 8 2009
	2009		EXAMINER

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 11/17/09

Daytime Phone # 407-572-5748

Typed or printed name of signing Managing Member/Manager

Gerald Robb