

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 MAY -5 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KS

300207217983  
05/05/11--01005--013 \*\*516.25  
CR2E041 (1/11)

DOCUMENT # L08000042762

1. Limited Liability Company's Name

BONNIE'S LOFT, SBS, LLC

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

6520 VIA MILANI

Suite, Apt. #, etc.

3. Mailing Office Address

6520 VIA MILANI

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

City & State

LAKE WORTH, FL.

Zip

33467

Country

USA

Zip

33467

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

APRIL 29<sup>th</sup> 2008

6. FEI Number

26-2503047

☒ 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 SALLIE B. STELTZER

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

6520 VIA MILANI

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

E-mail Address:

REINSTATEMENT 09-11

bonniesloft@aol.com

(To be used for future annual report notices)

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

Sallie B. Steltzer

Date 4/28/2011

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
MEM	SALLIE B. STELTZER	6520 VIA MILANI	LAKE WORTH, FL. 33467

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Sallie B. Steltzer

Date

4/28/11

Daytime Phone #

561-213-2694

Typed or printed name of signing Managing Member/Manager

SALLIE B. STELTZER