## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	0900721 KD
DOCUMENT # L08000075289  1. Limited Liability Company's Name  Robert Leigh Designs, LLC	
2. Principal Office Address - No P.O. Box #  3. Mailing Office Address	CR2E041 (10/08)
2521 NW 17th Lane 2521 NW 17th Lane Suite Apt. #, etc.  Suite Apt. #, etc.  Bay #5  City & State  City & State  Compano Beach, F1  Compano Beach, F1  Zip  Country  Country	5. Date Organized or Qualified To Do Business in Florida  6. FEI Number  26-3292963  7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required
33664 U.S. A 33064 U.S. A  8. Name and Address of Current Registered Agent	for a Certificate of Status
Name Robert Leigh Street Address (P.O. Box Number is Not Acceptable), 2521 NW 77th Lane Suite, Apt. #, Etc. Bay # 5 City City Rom bano Beach FL 33064	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  Date  Date	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Each Managing Members/Managers Street Address of Each Managing Member/Mana  MGRM LEIGH, ROBERT 2521 N.W. 17TH LA POMPANO BEACH, FI	ger City / State / Zip ANE
S. HAWKES  OCT 2 2 2009	700161772907 10/15/1901050012 **138.75
REINSTATEMENT EXAMINER	
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, 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 comagent of the above named limitmation 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/Manage Date Daytime Phone #  Typed or printed name of signing Managing Member/Manager	