

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 20 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400188863884
12/20/10--01053--018 **238.00

CR2E041 (05/10)

DOCUMENT #

1. Limited Liability Company's Name

Yolanda Pyle Real Estate LLC

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

1350 Ward Loop Rd
Suite, Apt. #, etc.

3. Mailing Office Address

1350 Ward Loop Rd.
Suite, Apt. #, etc.

City & State

Babson Park FL

Zip Country
33827 Polk

City & State

Babson Park FL

Zip Country
33827 Polk

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

November 3, 2008

6. FEI Number

26-3442059

☐ 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

Myrna Yolanda Pyle

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

1350 Ward Loop Rd.

Suite, Apt. #, Etc.

City

Babson Park, FL

State

FL

Zip Code

33827

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

REGISTERED AGENT MUST SIGN

Date 12/15/2010

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	Myrna Yolanda Pyle	1350 Ward Loop Rd	Babson Park, FL 33827

11. E-mail Address: Ypyle36@hotmail.com

(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 608.408, 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

Myrna Yolanda Pyle

Date 12/15/2010

Daytime Phone #

863-241-8091

Typed or printed name of signing Managing Member/Manager