

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JAN 30 AM 8:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L09000000123

1. Limited Liability Company's Name

Florida Real Estate Sellers, LLC

CR2E041 (12/13)

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

3235 Cross Fox Drive

Suite, Apt. #, etc.

3. Mailing Office Address

3235 Cross Fox Drive

Suite, Apt. #, etc.

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

01/01/2009

6. FEI Number

263998410

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Mulberry Florida

Zip

33860

Country

Polk

City & State

Mulberry Florida

Zip

33860

Country

Polk

8. Name and Address of Current Registered Agent

Name
Bill Kilpatrick

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

3235 Cross Fox Drive

Suite, Apt. #, Etc.

City

Mulberry

State

FL

Zip Code

33860

E-mail Address:

600255497536

01/10/14--01030--008 **377.50

Will says 41@yahoo.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 605, F.S.

Signature of

Registered Agent

[Signature]

Date 1/3/14

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGRM	Bill Kilpatrick	3235 Cross Fox Drive	Mulberry, FL 33860

REINSTATEMENT

JAN 30 2014

R. HUNT

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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

Authorized Person

[Signature]

Date

1/3/14

Daytime Phone #

863-899-1770

Typed or printed name of signing Authorized Person