

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 28 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LD9-39523**

1. Limited Liability Company's Name

Timothy Jooste, LLC

CR2E041 (05/10)

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

12961 Tribute Drive

Suite, Apt. #, etc.

3. Mailing Office Address

12961 Tribute Drive

Suite, Apt. #, etc.

City & State

Riverview, FL

City & State

Riverview, FL

Zip

33578

Country

USA

Zip

33578

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

27-0696908

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

Timothy Jooste

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

12961 Tribute Drive

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33578

500196719375
03/03/11--01003--024 **377.50

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 **12/27/10**

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
MGR	Timothy Jooste	12961 Tribute Drive	Riverview, FL 33578

REINSTATEMENT 2010

np 12/28

overpaid 138.75

11. E-mail Address: **jooste@pprotect.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

Date **12/27/10**

Daytime Phone # **813-504-3273**

Typed or printed name of signing Managing Member/Manager **Timothy Jooste**