

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 10000058839

1. Limited Liability Company's Name

SRB Educational Services, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 SEP 26 PM 2:18

CR2E041 (1/11)

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

11612 Rabon Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 343

Suite, Apt. #, etc.

City & State

Monticello FL

City & State

Monticello FL

Zip

32344

Country

Jefferson

Zip

32345

Country

Jefferson

4. State/Country of Formation

FL / Jefferson

5. Date Organized or Qualified  
To Do Business in Florida

6/1/2010

6. FEI Number

☐ 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

Sharon Boland

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

11612 Rabon Rd

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

E-mail Address:

200209430052  
06/28/11--01024--009 \*\*238.75

bolandsr@embargmail.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

Sharon Boland

Date 6/22/11

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
<u>Mgr</u>	<u>Sharon Boland</u>	<u>11612 Rabon Rd</u> <u>P.O. Box 343</u>	<u>Monticello, FL 32345</u>

REINSTATEMENT

10-1/1/11

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

Sharon Boland

Date 6/22/11

Daytime Phone # 850-997-8048

Typed or printed name of signing Managing Member/Manager