PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAY 20 PM 4:18

DOCUMENT # L11000050357

1. Limited Liability Company's Name
ROBISONTHEJOB, LLC

600247396296
04/30/13--01017--001 **238.75

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3625 N.W. 19th Street	3625 N.W. 19th Street
Suite, Apt. #, etc	Suite, Apt #, etc
City & State: Lauderdale Lakes, Florida	City & State: Lauderdale Lakes, FL
Zip: 33311 / Country: USA	Zip: 33311 / Country: USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida: April 28, 2011

6. FEI Number: 45-2063424 — 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: Sara Frankel
Street Address (P.O. Box Number is Not Acceptable): 2040 N.E. 194th Drive
Suite, Apt. #, Etc
City: North Miami Beach | State: FL | Zip Code: 33179

E-mail Address:
600247396296
05/21/13--01003--007 **138.75
robisonthejob@att.net
(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 Sara Frankel Date 4/24/13
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
MGR	Sara Frankel	2040 N.E. 194th Drive	North Miami Beach, FL 33179
	REINSTATEMENT		

MAY 20 2013
R. HUNT

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 Sara Frankel Date _____ Daytime Phone # 4/23/13

Typed or printed name of signing Managing Member/Manager _____