

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 JUN 19 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000113991

1. Limited Liability Company's Name
RENEE'S CORNER LLC

JUN 19 2015

L BERGER

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
30 Holley Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Shalimar

City & State

Zip

32579

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9/05/2012

6. FEI Number

46-08492069

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

CORPORATION SERVICE COMANY

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

1201 HAYS STREET

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

000274218090

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

Courtney Williams

**Courtney Williams
Asst. Vice President**

Date **06/15/2015**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Sharon R Smith	30 Holley Ave.	Shalimar, FL 32579

REINSTATEMENT

2013-2015

11. E-mail Address **Ssharena@aol.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member

Sharon R. Smith

Date

06/15/2015

Daytime Phone #

850-585-1154

Typed or printed name of signing authorized representative/member

Sharon R. Smith

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 661772 7903147
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 516.25

ORDER DATE : June 9, 2015
ORDER TIME : 9:18 AM
ORDER NO. : 661772-005
CUSTOMER NO: 7903147

DOMESTIC FILINGS

NAME: RENEE'S CORNER LLC

RECEIVED
DEPARTMENT OF STATE
15 JUN 19 AM 11:19

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS