

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 OCT -3 AM 9:52

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

DOCUMENT # L13000141312

1. Limited Liability Company's Name

BOBBY BOWDREN HOME REPAIRS LLC

CR2E041 (1/14)

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

252 PANDORA DR

Suite, Apt. #, etc.

3. Mailing Office Address

252 PANDORA DR

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

City & State

CRESTVIEW, FL

Zip

32536

Country

USA

Zip

32536

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

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

ROBERT L BOWDREN

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

252 PANDORA DR

Suite, Apt. #, Etc.

City

CRESTVIEW

State

FL

Zip Code

32536

400265031814  
10/03/14--01028--014 \*\*238.75

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

*Robert L. Bowdren*

REGISTERED AGENT MUST SIGN

Date

9/30/14

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
AR	ROBERT L BOWDREN	252 PANDORA DR	CRESTVIEW, FL 32536
			S. HAWKES
			OCT 06 A.M.
	REINSTATEMENT		EXAMINER
	- 2014		

11. E-mail Address: ann904@fwbfl.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Robert L. Bowdren*

Date

9/30/14

Daytime Phone #

850-696-5716

Typed or printed name of signing Authorized Representative/Manager

Robert L Bowdren