


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
2017 FEB 10 11:22 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|---|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
| | | |

DOCUMENT # L15000157611

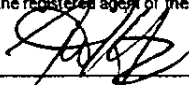
1. Limited Liability Company's Name
Robert K. Baird & Associates, LLC.

| | | | |
|--|----------------------|--|----------------------|
| 2. Principal Office Address - No P.O. Box # 2804 Clover Dew Ct | | 3. Mailing Office Address 2804 Clover Dew Ct | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Valrico, FL | | City & State Valrico, FL | |
| Zip 33596 | Country US | Zip 33596 | Country US |

| | | | |
|--|--------------------|--------------------------|--|
| 8. Name and Address of Current Registered Agent | | | |
| Name Robert K. Baird | | | |
| Street Address (P.O. Box Number is Not Acceptable) Suite, 2804 Clover Dew Ct | | | |
| Apt. #, Etc. | | | |
| City Valrico | State FL | Zip Code 33596 | |

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|--|---|
| CR2E041 (1/14) | |
| 4. State/Country of Formation FL/US | |
| 5. Date Organized or Qualified To Do Business in Florida 9/16/2015 | |
| 6. FEI Number 47-5063265 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status | |

800295035648
02/10/17--01017--024 **138.75
800295035648
02/01/17--01017--005 **238.75

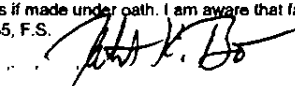
| | |
|---|--------------------------|
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. | |
| Signature of Registered Agent  | Date 1/12/2017 |
| REGISTERED AGENT MUST SIGN | |

| 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 |
| Pres | Robert K. Baird | 2804 Clover Dew Ct | Valrico, FL 33596 |
| VP | Sandra Baird | 2804 Clover Dew Ct | Valrico, FL 33596 |
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FEB 10 2016
C. CARROTHERS

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|---|
| 11. E-mail Address: tampaappraiser@hotmail.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.


Robert K. Baird

1/12/2017

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