

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 DEC 16 AM 8:59

DOCUMENT # L15000206678

1. Limited Liability Company's Name

MOB Investments "FL", LLC

900293373849
12/19/16--01002--002 **368.75
CR2E041 (12/13)

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

537 Silver Slipper Ln

Suite, Apt. #, etc.

Suite E

City & State

Tallahassee, FL

Zip

32303

Country

United States

3. Mailing Office Address

PO Box 180512

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32318

Country

United States

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

12/11/2015

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

Herchel Roby

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

3460 Zillah St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

E-mail Address:

MOB-investments@yahoo.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 605, F.S.

Signature of
Registered Agent

[Signature]

Date

12-16-16

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Mashayla Vest	3326 Goldensin Dr	Tallahassee, FL 32303

T HENDERSON
DEC 16 2016

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

[Signature]

Date

12-16-16

Daytime Phone #

850. 524. 3572

Typed or printed name of signing Authorized Person

Herchel Roby