

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2017 NOV 17 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000 206678

1. Limited Liability Company's Name

MOB Investments 'FL' LLC

100305837271
11/17/17--01007--002 **487.50

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box # <u>1539 Rustling Pine Blvd</u>		3. Mailing Office Address <u>1539 Rustling Pine Blvd</u>	
Suite, Apt #, etc		Suite, Apt. #, etc	
City & State <u>Midway Florida</u>		City & State <u>Midway Florida</u>	
Zip <u>32343</u>	Country <u>United States</u>	Zip <u>32343</u>	Country <u>United States</u>

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

\$2.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Herb 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 11-17-17

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	<u>Herb Roby</u>	<u>3460 Zillah St</u>	<u>Tallahassee / FL / 32305</u>
MGR	<u>Marlynn West</u>	<u>1539 Rustling Pine Blvd</u>	<u>Midway / FL / 32343</u>

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 11-17-17 Daytime Phone # 850-524-3572

Typed or printed name of signing Authorized Person