

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

DOCUMENT # **L99-674**

1. Limited Liability Company's Name

**C B of Gainesville, LLC**

2. Principal Office Address

**2306 SW 13th Street**

Suite, Apt. #, etc.

**Mezzanine**

City & State

**Gainesville, FL 32608**

Zip

Country

3. Mailing Office Address

**P.O. Box 1122**

Suite, Apt. #, etc.

**Accounting Department**

City & State

**Gainesville, FL 32602-1122**

Zip

Country

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**2-8-99**

6. FEI Number

**59-3556482**

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

**Deborah Butler**

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

**2306 SW 13th Street**

Suite, Apt. #, Etc.

**Suite 1206**

City

**Gainesville**

State

**FL**

Zip Code

**32608**

**400003459044-4**

**11/09/00-01082-001**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Deborah Butler*

REGISTERED AGENT MUST SIGN

Date **10-18-00**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	S. Clark Butler	2306 SW 13th St., Suite 1206	Gainesville, FL 32608
MEM	Deborah Butler	2306 SW 13th St., Suite 1206	Gainesville, FL 32608

11. I certify that I am managing member/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 608.406, 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.

Signature of  
Managing Member/Manager

*S. Clark Butler*

Date

Daytime Phone # **352-372-3581**

Typed or printed name of signing Managing Member/Manager

**S. Clark Butler**

CR2E041 (9/99)