

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L99000002577

1. Limited Liability Company's Name

Bubble House LLC

2. Principal Office Address

11844 S.E. Dixie Highway

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

Zip

33455

Country

U.S.

3. Mailing Office Address

11844 S.E. Dixie Highway

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

Zip

33455

Country

U.S.

4. State/Country of Formation

Florida/U.S.

**5. Date Organized or Qualified
To Do Business in Florida**

May 6, 1999

6. FEI Number

65-0920059

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ **XX**

**\$5.00 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

2000

8. Name and Address of Current Registered Agent

Name

Hermes, Robert A. Jr.

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

11844 S.E. Dixie Highway

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

500003478955-7

11/28/00-01097-017

****155.00 ****195.00

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

Robert A. Hermes, Jr.

REGISTERED AGENT MUST SIGN

Date

11/13/00

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	Hermes, Robert A. Jr.	11844 S.E. Dixie Highway	Hobe Sound, FL 33455

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

Robert A. Hermes, Jr.

Date

11/13/00

Daytime Phone #

561-546-4862

Typed or printed name of signing Managing Member/Manager

Robert A. Hermes, Jr.