

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



DEPARTMENT OF BANKING AND FINANCE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 OCT -3 AM 9:55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000004833**

1. Limited Liability Company's Name

**B+B STORE WITH-US LLC**

2. Principal Office Address

**1066 CARAVAN LOOP**  
Suite, Apt. #, etc.

3. Mailing Office Address

**1066 CARAVAN LOOP**  
Suite, Apt. #, etc.

City & State

**POLK CITY FL.**

Zip **33868** Country **FLORIDA**

City & State

**POLK CITY FL.**

Zip **33868** Country **FLORIDA**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**08/05/1999**

6. FEI Number

**593595021**

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

**RONALD L BAMBERGER** **500029547155**

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

**1066 CARAVAN LOOP**

Suite, Apt. #, Etc.

City

**POLK CITY FL**

State

**FL**

Zip Code

**33868**

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

**[Signature]**

Date

**10/1/03**

REGISTERED AGENT MUST SIGN

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
MEM	RONALD L BAMBERGER	1066 CARAVAN LOOP	POLK CITY FL. 33868
MEM	BETTY L BAMBERGER	1066 CARAVAN LOOP	POLK CITY FL. 33868

**REINSTATEMENT 2003**

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

**[Signature]**

Date

**10/1/03**

Daytime Phone #

**863 608-0138**

Typed or printed name of signing Managing Member/Manager

**RONALD L BAMBERGER MEM**