

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

01 DEC 17 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 99000006978**

1. Limited Liability Company's Name

FMA LLC

2. Principal Office Address

202 S 22ND STREET

Suite, Apt. #, etc.

210

City & State

TAMPA

Zip

33605

Country

HILLSBOROUGH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33605

Country

HILLSBOROUGH

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/22/99

6. FEI Number

59-3608637

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

PRUBAN, J TIM

200004739592-4

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

202 SOUTH 22ND STREET

-12/26/01--01069--026

******150.00 ****150.00**

Suite, Apt. #, Etc.

SUITE 210

City

TAMPA, FL

State

FL

Zip Code

33605

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]

REGISTERED AGENT MUST SIGN

Date **12/14/01**

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
MAN	J TIM PRUBAN	2413 BAYSHORE BLVD #602	TAMPA, FL 33629

REINSTATEMENT

**01
dec**

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 **12/14/01**

Daytime Phone #

(813)242-8902

Typed or printed name of signing Managing Member/Manager

TIM PRUBAN

CR2E041 (9/01)