

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** LL99000007108

1. Limited Liability Company's Name

RAYBORN ENTERPRISES, L.C.

2. Principal Office Address - No P.O. Box #

6616 SPICEWOOD LANE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32312

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

SEAN RAYBORN

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

6616 SPICEWOOD LANE

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

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

REGISTERED AGENT MUST SIGN

Date

3-4-16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	SEAN RAYBORN	6616 SPICEWOOD LANE	TALLAHASSEE, FL 32312

REINSTATEMENT

MAR 04 2016

R. HUNT

11. E-mail Address: SEANRAYBORN@GMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member

Date

3-4-16

Daytime Phone #

Typed or printed name of signing authorized representative/member

FILED  
16 MAR -4 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

10/27/1999

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

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03/07/16--01001--016 \*\*2458.75