

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L99000009063

1. Limited Liability Company's Name

Equitable Interest LLC

**REINSTATEMENT** 01-05

2. Principal Office Address

672 Brent Lane

Suite, Apt. #, etc.

3. Mailing Office Address

672 Brent Lane

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32503

Country

Escambia

City & State

Pensacola FL

Zip

32503

Country

Escambia

4. State/Country of Formation

FL Escambia

5. Date Organized or Qualified  
To Do Business in Florida

1999

6. FEI Number

59-3614796

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

Robert W Kimball

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

672 Brent Lane

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

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 2-22-05

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
MGRM	Robert W Kimball	672 Brent Lane	Pensacola FL 32503

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

2-22-05

Daytime Phone #

850 698 6522

Typed or printed name of signing Managing Member/Manager

Robert W Kimball

CR2E041 (10/02)