

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 -7 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 709

1. Limited Liability Company's Name

S.T.B. INVESTMENTS, L.L.C.

2. Principal Office Address

300 South Fork Place

3. Mailing Office Address

300 South Fork Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South Sioux City, NE

City & State

South Sioux City, NE

Zip

68776

Country

USA

Zip

68776

Country

USA

4. State/Country of Formation

Nebraska

5. Date Organized or Qualified  
To Do Business in Florida

April 11, 2000

6. FEI Number

Applied for

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

LaVonne Clark

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

7708 S.W. 49th Place

Suite, Apt. #, Etc.

City

Gainesville,

State

FL

Zip Code

32608

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

*LaVonne Clarke*

Date 10/21/01

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
	Diane K. Boyd	300 South Fork Place	South Sioux City, NE 68776
	Scott T. Boyd	1875 Loughery Street	Liberty, MO 64068

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 made under oath.

Signature of  
Managing Member/Manager

*STB*

Date 11/1/01

Daytime Phone # 816 415 3997

Typed or printed name of signing Managing Member/Manager

ST. Boyd