

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -7 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001590

1. Limited Liability Company's Name

MULBERRY NO. 1. L.L.C.

CR2E041 (1/07)

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

96 Tidewaters

3. Mailing Office Address

96 Tidewaters

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rehoboth Beach, DE

City & State

Rehoboth Beach, DE

Zip

19971

Country

USA

Zip

19971

Country

USA

4. State/Country of Formation

Florida /USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

510402041

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 M. Reed

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

555 Park Shore Drive

Suite, Apt. #, Etc.

#112

City

Naples

State

FL

Zip Code

34103

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

2/20/07

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 M. Reed	96 Tidewaters	Rehoboth, , DE 19971
			500092353705 02/13/07--01021--016 **250.00
			REINSTATEMENT 05-07

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

Date

2/20/07

Daytime Phone #

302-227-4800

Typed or printed name of signing Managing Member/Manager

Robert M. Reed