

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

205.6

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 10:32

DOCUMENT #

1. Limited Liability Company's Name

M05000002150

GOBI, L.L.C.

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

12689 US Highway 231

3. Mailing Office Address

12689 US Highway 231

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

Pensacola, FL

City & State

Troy, AL

Zip

32506

Country

USA

Zip

36081

Country

USA

CR2E041 (1/07)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

4/26/05

6. FEI Number

010604782

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

Bordelon & Schultz Law Firm, P.L.

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

2721 Gulf Breeze Parkway

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32563

☐ 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 2/12/07

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
MGR	Brad Weidman	12689 US Highway 231 #1	Troy, AL 36081
MGR	Stephen Hall	12689 US Highway 231 #1	Troy, AL 36081

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 2/19/07 Daytime Phone # 661-428-6621

Typed or printed name of signing Managing Member/Manager

Brad Wiedmann

REINSTATEMENT 06-07