

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL 13 AM 4:43

DOCUMENT # M05000002429

1. Limited Liability Company's Name

ROBERT WOOD ENTERPRISES, L.L.C.

REINSTATEMENT 2007-09 JSM

700157693947
06/24/09--01031--006 **227.50

CR2E041 (12/07)

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

110 SUNNYBROOK SE

Suite, Apt. #, etc.

3. Mailing Office Address

110 SUNNYBROOK SE

Suite, Apt. #, etc.

City & State

GRAND RAPIDS, MI

Zip

49506

Country

US

City & State

GRAND RAPIDS, MI

Zip

49506

Country

US

4. State/Country of Formation

MICHIGAN

**5. Date Organized or Qualified
To Do Business in Florida**

06/07/2004

6. FEI Number

32-0122811

☐ 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

DEZUANI, MARK

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

14680 TAMiami TRAIL SOUTH

Suite, Apt. #, Etc.

City

FT MYERS

State

FL

Zip Code

33908

☐ 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**

Date

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
MGRM	WOOD, ROBERT H	110 SUNNYBROOK SE	GRAND RAPIDS, MI 49506

05/19/09-01035-022-\$188.75

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 608.408, 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager ROBERT H. WOOD