

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 11 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MD5000005667

1. Limited Liability Company's Name

BOB LEE DAVENPORT, LLC

400180410914
05/05/10--01036--002 **698.75
CR2E041 (11/09)

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

20191 E. Country Club Dr.

Suite, Apt. #, etc.

2506

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

20191 E. Country Club Dr.

Suite, Apt. #, etc.

2506

City & State

Aventura, FL

Zip

33180

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

10/10/2005

6. FEI Number

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

Allan M. Glaser

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

11900 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 807

City

North Miami

State

FL

Zip Code

33181

☒ 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

Allan M. Glaser

REGISTERED AGENT MUST SIGN

Date 4/2/10

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	Lee Fishman	20191 E. Country Club Dr., #2506	Aventura, FL, 33180
REINSTATEMENT 06-10			
DB			

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Lee Fishman

Date

4/26/10

Daytime Phone #

305-935-6383

Typed or printed name of signing Managing Member/Manager