

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 10 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # POS 0000 14589

1. Limited Liability Company's Name

MUMBLEBEE INC.

REINSTATEMENT 06-09
CR2E041 (10/09)

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

3. Mailing Office Address

1805 N. FLAGLER DR

22216 PARK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

City & State

City & State

WEST PALM BEACH FL

DEARBORN MICHIGAN

Zip

Country

Zip

Country

33407

USA

48124

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

01/27/05

6. FEI Number

20-2230309

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

ADAM JACOBSON

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

351 E SR 434

Suite, Apt. #, Etc.

City

State

Zip Code

WINTER SPRINGS

FL

32708

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2-3-09

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
<u>P</u>	<u>AARON JULSON</u>	<u>1805 N. FLAGLER DR #104</u>	<u>W.P.B., FL, 33407</u>

400143238324
02/10/09--01006--016 **605.00

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 2-4-09

Daytime Phone # 561-414-9778

Typed printed name of signing Managing Member/Manager

2/11/09