

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

CR2E041 (12/07)

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

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 _____

Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager _____

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM.
IF YOU NEED ASSISTANCE, PLEASE CALL THE REGISTRATION SECTION AT (850) 245-6051.**

- Block 1** Enter the limited liability company's document number and name. The name of the limited liability company cannot be changed by way of this application. The name may be changed by filing an amendment with our Registration Section. Please call the Registration Section at (850) 245-6051 for information on filing a name change.
- Block 2** Enter the limited liability company's principal place of business address. (A post office box is not acceptable.)
- Block 3** Enter the limited liability company's mailing address. (Please NOTE: All correspondence will be mailed to the mailing address of the limited liability company. Reports are not mailed to the registered office address. A post office box is acceptable.)
- Block 4** Enter state or country, if other than U.S., under the laws of which entity was formed.
- Block 5** Enter the date organized or qualified with this office.
- Block 6** Enter your Federal Employer Identification (FEI) Number or check the appropriate box. If "APPLIED FOR" was previously reported, you must now provide the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-4933.
- Block 7** Your cancelled check will be your filing acknowledgement unless a certificate of status is requested in Block 7 and an additional \$5.00 is submitted to cover its fee. Certificates of status will be mailed to the limited liability company's mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 8** Section 608.415 or 608.507, Florida Statutes, requires all foreign and domestic limited liability companies to continuously maintain a registered agent and registered office in this state. The business office of the registered agent must be the same as the registered office pursuant to section 608.415 and 608.507, Florida Statutes, and the registered office must be a Florida street address.
- Block 9** The designated registered agent must indicate familiarity with Chapter 608, F.S., and acceptance of its obligations and this appointment by completing and signing Block 9. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 608.4482, F.S. If the registered agent does not sign, the application will be rejected.
- Block 10** Enter the name, title and street address of each manager or managing member. Use the following abbreviations: MGR = Manager; and MGRM = Managing Member. MGR - A person outside the company who will manage the company. MGRM - A person who is a member and also manages the company. Attach additional sheets if necessary.
- Block 11** Block 11 must be signed by a current managing member or manager listed in Block 10 or on an attachment. If the limited liability company is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

FEES:	Reinstatement Fee	\$100.00*
	Annual Report Fee.....	\$ 50.00 (for each year or a part of a year dissolved)
	<u>Supplemental Fee.....</u>	<u>\$ 88.75</u> (for each year or a part of a year dissolved 1992 forward)
	Minimum Amount Due	\$238.75

* Not applicable if prior notices were not received and the box is checked on the application to indicate non-receipt.

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

COURIER SERVICE ADDRESS:
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INTERNET ADDRESS:
<http://www.sunbiz.org>

Phone: (850) 245-6051
Hearing/Voice Impaired may call (850) 245-6096 (TDD)