

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2009 MAY 13 PM 12:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

300153876473 04/30/09--01002--022 **555.00 CR2E041 (10/08)

DOCUMENT # 1.04000074645

1. Limited Liability Company's Name

E R ENTERPRISES, LLC.

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

5451 UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 103

City & State

CORAL SPRINGS

Zip

33067

Country

USA

3. Mailing Office Address

5451 UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 103

City & State

CORAL SPRINGS

Zip

33067

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified

To Do Business in Florida 10/2004

6. FEI Number

201767899

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

EUGENE RICE

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

7420 ANDORRA PLACE

Suite, Apt. #, Etc.

City

BOCA RATON,

State

FL

Zip Code

33433

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 JANUARY 27, 2009

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: OWNE, EUGENE RICE, 7420 ANDORRA PLACE, BOCA RATON, FL 33433. Includes 'REINSTATEMENT' stamp and handwritten initials.

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

Eugene Rice

Date 1/27/2009

Daytime Phone# 954-486-1236

Typed or printed name of signing Managing Member/Manager EUGENE RICE