

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 JAN 28 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L04000064525**

1. Limited Liability Company's Name

**SEDOCOR LLC**

CR2E041 (12/07)

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

464 NE 5th St

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

19 Fox Ln

Suite, Apt. #, etc.

City & State

COMMACK, NY

Zip

11725

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 08/25/2004

6. FEI Number

26-1794544

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

Cynthia Zimbardi

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

464 NE 5th St

Suite, Apt. #, Etc.

City

Boca Raton, FL

State

FL

Zip Code

33432

☐ 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

*Cynthia Zimbardi*

REGISTERED AGENT MUST SIGN

Date 1/22/08

**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	Cynthia Zimbardi	19 Fox Ln	COMMACK, NY 11725
			200114594092 1/9/08 01040 007
			\$900.00
			REINSTATEMENT 2006-2008 overpaid \$383.75
		nr 1/28/08	

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

*Cynthia Zimbardi*

Date 1/22/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Cynthia Zimbardi