

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 30 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L000000005425**

1. Limited Liability Company's Name

Emerald Center LLC
8720 SW Highway 200 Ste. 5
Ocala, FL 34474

2. Principal Office Address

8720 SW Hwy 200

Suite, Apt. #, etc.

Ste 5

City & State

Ocala, FL

Zip

34474

Country

MARION

3. Mailing Office Address

8720 SW Hwy 200

Suite, Apt. #, etc.

Suite 5

City & State

OCALA, FL

Zip

34474

Country

MARION

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 ☐

**\$9.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Chester J. Trow

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

1 N.E. First Avenue

Suite, Apt. #, Etc.

Suite 303

City

OCALA

State

FL

Zip Code

34470-6632

700004710987-4

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*******\$9.00 *****\$9.00**

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 **11/6/01**

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
	VICTOR RIZZO	5376 SW 103rd Loop	Ocala, FL 34474
	Joan Rizzo	5376 SW 103rd loop	Ocala, FL 34474

\$4.00 overpayment

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

[Signature]

Date

11/6/01

Daytime Phone #

(352) 231-3335

Typed or printed name of signing Managing Member/Manager **VICTOR P. RIZZO**

Emerald Center,LLC

November 26,2001

Mrs. Diane Cushing
Florida Department of State
division of Corporations
P.O. BOX 6327
Tallahassee,Fl.32314

I'm writing this letter ref. number L00000005425 for Emerald Point,LLC . We never recieved the first notice to fill this out so that is why I'm sending this letter with are check fro \$59.00 to have are company reinstate. If there is any problems please call me and let me know.