

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Han
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00600605926

1. Limited Liability Company's Name

SER Enterprises, LLC

2. Principal Office Address

1828 Boyce St.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34239

Country

U.S.

3. Mailing Office Address

1828 Boyce St.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34239

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Steve Svirsky

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

1828 Boyce St.

Suite, Apt. #, Etc.

300004689823--2

11/20/01--01073--001

****150.00 ****150.00

City

Sarasota FL

State

FL

Zip Code

34239

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

11-5-01

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 |
|------------------|--------------------------------------|---|--------------------|
| <u>Vice Pres</u> | <u>Ramsay Frankie</u> | <u>3521 Almeria St</u> | <u>34239</u> |
| <u>Secy</u> | <u>Elizabeth Svirsky</u> | <u>1828 Boyce St.</u> | |
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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

Elizabeth Svirsky

Date 11-5-01

Daytime Phone #

363-0269

Typed or printed name of signing Managing Member/Manager

Elizabeth Svirsky

CR2E041 (9/01)