

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR

Reinstatement

Division of Corporation

FILED

02 OCT 24 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018861

Name and Mailing Address

0003368 01 FP 0.352 **PRSR T1 0 0615 33316-291650



SR, LLC

1850 MIAMI ROAD

FT. LAUDERDALE FL 33316-2916



2. New Mailing Address

City, State, Zip

Principal Place of Business

1850 MIAMI ROAD

FT. LAUDERDALE FL 33316

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/29/2001

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

CHANEY, MARVIN T

1850 MIAMI ROAD

FT. LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 10/22/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CHANEY, MARVIN T	1850 MIAMI ROAD	FT. LAUDERDALE FL 33316

500008544845
10/23/02--01046--008 **155.00

REINSTATEMENT

2002
AR- 50.00
Reinstatement - 100.00

12. 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 10/22/02 Daytime Phone # 954-523-8900