

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

300.00
9-26-03

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:08

DOCUMENT #

202 000002005

1. Limited Liability Company's Name

Sherea's L.L.C.

2. Principal Office Address

2881 Telstar Ave

Suite, Apt. #, etc.

City & State

Orlando
Altamonte, FL

Zip

32805

Country

USA

3. Mailing Office Address

2881 Telstar Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32805

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FL - USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3713035

☒ 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

INSIGHT GROUP LLC

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

4700 MILLENIA BLVD. SUITE 175

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32839

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

1/29/06

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
	Atkinson Revocable Trust	2881 Telstar Ave. Orlando, FL 32805	Orlando, FL 32805
CEO	Tasha Sherea Brown	P.O. Box 161434	Altamonte Springs, FL 32716
		400069636374 04/06/06--01043--009 **50.00	
		REINSTATEMENT 03-06	
		400069636374 04/06/06--01043--010 **250.00	

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

Wayne Atkinson

Date 2/10/06

Daytime Phone # 407.448.5545

Typed or printed name of signing Managing Member/Manager

Wayne Atkinson