

# L02000005578

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 10 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000005578**

1. Limited Liability Company's Name

**SRM Realty, LLC**

400024281064  
10/30/03 - 01015--019 \*\*155.00

2. Principal Office Address

**2830 West 1st Street**

Suite, Apt. #, etc.

3. Mailing Office Address

**2830 West 1st Street**

Suite, Apt. #, etc.

City & State

**Jacksonville**

City & State

**Jacksonville**

Zip

**FL**

Country

**USA**

Zip

**FL**

Country

**USA**

4. State/Country of Formation

**FL**

5. Date Organized or Qualified  
To Do Business in Florida

**3/05/2002**

6. FEI Number

**45-0507741**

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

**Seyed M. Moghani**

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

**2830 West 1st Street**

Suite, Apt. #, Etc.

City

**Jacksonville**

State

**FL**

Zip Code

**32254**

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

Date **10/8/03**

REGISTERED AGENT MUST SIGN

**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	Seyed M. Moghani	2830 W. 1st Street	Jacksonville, FL 32254

11. I certify that I am managing member/manager of 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 **10/8/03**

Daytime Phone # **305 799-2545**

Typed or printed name of signing Managing Member/Manager

**Seyed M. Moghani**