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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:50

1. DOCUMENT # L02000010049

Name and Mailing Address

0001486 01 AT 0.292 **AUTO T7 3 0615 32174-489718



CER HOLDINGS, LLC
418 BLACK OAK LANE
ORMOND BEACH FL 32174-4897



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/26/2002	
Principal Place of Business 418 BLACK OAK LANE ORMOND BEACH FL 32174	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 02-0590781	Applied For Not Applicable
8. Name and Address of Current Registered Agent RIVERA, RICHARD 418 BLACK OAK LANE ORMOND BEACH FL 32174		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <i>[Signature]</i> SIGNATURE REQUIRED Date <u>2/2/04</u> 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
MBRM	Richard M. Rivera	418 Black Oak Lane	Ormond Beach, FL 32174
		800028437638	02/09/04--01062--003 **200.00
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 <i>[Signature]</i> SIGNATURE REQUIRED Date <u>2/2/04</u> Daytime Phone # <u>386-615-7644</u> Typed or printed name of signing Managing Member/Manager <u>Richard M. Rivera</u>			

CR2E084 (7/03)

REINSTATEMENT

03-04

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