

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -2 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000012175

1. Limited Liability Company's Name

SR Real Estate Ventures, L.L.C.

300174181353
04/01/10--01046--005 **660.00
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

2121 SW 52ND Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2121 SW 52ND Drive

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation FL

Zip

33317

Country

US

Zip

33317

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/17/2002

6. FEI Number

52-2375232

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

Stephen Zeleznik

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

2121 SW 52ND Drive

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Stephen Zeleznik
REGISTERED AGENT MUST SIGN

Date

3/30/10

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
Mgmn	Stephen Zeleznik	2121 SW 52 ND Drive	Plantation, FL 33317
Mgmn	David Bilic	380 Torchwood Ave	Plantation, FL 33324
	L. SELLERS		
	APR - 5 2010		
	EXAMINER		

11. E-mail Address: Steve Z 17 @ me . Com

(To be used for future annual report notifications)

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

Stephen Zeleznik

Date

3/30/10

Daytime Phone #

954 298-1002

Typed or printed name of signing Managing Member/Manager

Stephen Zeleznik