

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 29 AM 12:15

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06/26/08--01028--007 \*\*288.75

000131745780  
07/30/08--01022--016 \*\*266.25

CR2E041 (12/07)

**DOCUMENT # L02000017235**

1. Limited Liability Company's Name

ROGER S. KOERNER, LLC

W08-31096

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

135 Quayside Drive

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33477

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business In Florida

7/10/2002

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

Name

MICHAEL S. SINGER, ESQ.

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

3801 PGA BOULEVARD

Suite, Apt. #, Etc.

SUITE 604

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

☒ 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

*[Signature]*

Date 6-20-08

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	ROGER S. KOERNER	135 Quayside Drive	Jupiter, FL 33477

**REINSTATEMENT**

W08

05-08

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 808.408, 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

*[Signature: Roger S. Koerner]*

Date

6/1/08

Daytime Phone #

812-744-2200

Typed or printed name of signing Managing Member/Manager

ROGER S. KOERNER

FF \$555