

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000022071

1. Limited Liability Company's Name

Merris, LLC

2. Principal Office Address - No P.O. Box #
213 Flame Avenue

Suite, Apt. #, etc.

City & State
Maitland, FL

Zip
32751

Country
USA

3. Mailing Office Address
213 Flame Avenue

Suite, Apt. #, etc.

City & State
Maitland, FL

Zip
32751

Country
USA

4. State/Country of Formation
Florida/ USA

5. Date Organized or Qualified
To Do Business in Florida **August 27, 2002**

6. FEI Number
04-3716598

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
Benjamin H. Moore, CPA

Street Address (P.O. Box Number is Not Acceptable)
720 N. Maitland, Ave.

Suite, Apt. #, Etc.
Suite 105

City
Maitland,

State
FL

Zip Code
32751

☐ 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

Benjamin H. Moore CPA
REGISTERED AGENT MUST SIGN

Date

5/4/07

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	David N. Robinson	213 Flame Avenue	Maitland, FL 32751
			200103285302 05/25/07--01015--017 **355.00

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

David N. Robinson

Date

5-4-07

Daytime Phone #

407-709-4785

Typed or printed name of signing Managing Member/Manager

David N. Robinson, MGRM