

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 AUG - 1 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000043460

1. Limited Liability Company's Name

Service Merchandise, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1801 Clint Moore Rd Suite, Apt. #, etc. Suite #108 City & State Boca Raton, FL. Zip 33487		3. Mailing Office Address 1801 Clint Moore Rd Suite, Apt. #, etc. Suite #108 City & State Boca Raton, FL. Zip 33487	
Country USA	Country USA		

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 11/10/03	
6. FEI Number 80081539	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Raymond Zimmerman	
Street Address (P.O. Box Number is Not Acceptable) 1801 Clint Moore Rd	
Suite, Apt. #, Etc. Suite # 108	
City Boca Raton	State FL Zip Code 33487

☐ 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 	Date 7/25/08
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
P	Raymond Zimmerman	1801 Clint Moore Rd, Suite #108	Boca Raton, FL. 33487
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REINSTATEMENT 2006-2008			

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 	Date 7/7/08
Daytime Phone # 561-999-9815	
Typed or printed name of signing Managing Member/Manager Raymond Zimmerman	