

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG -6 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000047033

1. Corporation Name

EROD ENTERPRISES, LLC

200182959882
07/06/10--01061--003 **300.00

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

1555 West 37th Street

3. Mailing Office Address

1555 West 37th Street

Suite, Apt. #, etc.

322

Suite, Apt. #, etc.

322

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/2003

5. FEI Number

200416141

☐ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELVIS RODRIGUEZ

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

1555 WEST 37TH STREET

Suite, Apt. #, Etc.

322

City

HIALEAH

State

FL

Zip Code

33012

200182959882
08/06/10--01015--008 **77.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Elvis Rodriguez

REGISTERED AGENT MUST SIGN

Date 7/02/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDT	ELVIS RODRIGUEZ	1555 WEST 37TH ST	HIALEAH, FL 33012

REINSTATEMENT

09.10

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

Elvis Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/02/2010

Daytime Phone #