

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 31 AM 9:46

DOCUMENT # L04000001711

1. Limited Liability Company's Name

CHRISTIAN EDUCATION RESOURCES, LLC

400087499434  
02/06/07--01046--006 \*\*250.00

CR2E041 (8/05)

2. Principal Office Address

3060 N. ATLANTIC AVE

Suite, Apt. #, etc.

APT. # 505

City & State

COCOA BEACH

Zip

32931

Country

USA

3. Mailing Office Address

P.O. BOX 320099

Suite, Apt. #, etc.

City & State

COCOA BEACH

Zip

32932

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

01/08/2004

6. FEI Number

11-3744492

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

VALENTINE JAROV

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

3060 N. ATLANTIC AVE.,

Suite, Apt. #, Etc.

APT # 505

City

COCOA BEACH

State

FL

Zip Code

32931

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

Valentine Jarov

REGISTERED AGENT MUST SIGN

Date

01/23/2007

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
MGR	VALENTINE JAROV	3060 N. ATLANTIC AVE.	COCOA BEACH, FL 32931
MGRM	NINA JAROVA	3060 N. ATLANTIC AVE.	COCOA BEACH, FL 32931

**REINSTATEMENT 05-07**

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 a signature under oath.

Signature of

Valentine Jarov

Date

01/23/07

Daytime Phone #

(321) 783-7584

Typed or printed name of signing Managing Member/Manager

VALENTINE JAROV