

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 SEP -9 PM 2: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000160440590  
09/09/09--01019--003 \*\*138.75

CR2E041 (12/07)

DOCUMENT # 204000007285

1. Limited Liability Company's Name

Chad Fisher LLC

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

2614 Cyprus Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2614 Cyprus Dr

Suite, Apt. #, etc.

City & State

palm Harbor FL

City & State

Florida Palm Harbor

Zip

Country

34684 pinellas

Zip

Country

34684 pinellas

8. Name and Address of Current Registered Agent

Name Chad Fisher

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

2614 Cyprus Dr

Suite, Apt. #, Etc.

City palm Harbor

State FL

Zip Code 34684

4. State/Country of Formation

FL Pinellas

5. Date Organized or Qualified To Do Business in Florida

1-27-2004

6. FEI Number Tax ID  
20-0487504

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

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 Chad Fisher

REGISTERED AGENT MUST SIGN

Date 9-3-09

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
<u>MYSRM owner</u>	<u>Chad Fisher</u>	<u>2614 Cyprus Dr</u>	<u>palm Harbor FL 34684</u>

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 Chad Fisher

Date 9-3-09

Daytime Phone # 727 410-4054

Typed or printed name of signing Managing Member/Manager