

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

08 FEB 20 PM 1:03

DOCUMENT # LO4000049711

1. Limited Liability Company's Name

Equity Resource & Development Company, LLC

100117825871
02/12/08--01013--015 **516.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # <u>10801 Main Street</u>		3. Mailing Office Address <u>P.O. Box 620</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Thonotosassa FL</u>		City & State <u>Thonotosassa FL</u>	
Zip <u>33592</u>	Country <u>USA</u>	Zip <u>33592</u>	Country <u>USA</u>

4. State/Country of Formation <u>FL/USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>07/02/2004</u>	
6. FEI Number <u>42-1755054</u>	<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 <u>Robert Perreault</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>26234 Pheasant Run</u>		
Suite, Apt. #, Etc.		
City <u>Wesley Chapel</u>	State <u>FL</u>	Zip Code <u>33544</u>

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 [Signature] Date 2-7-08

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
<u>MGRM</u>	<u>Kristin Swafford McGraw</u>	<u>6503 Muck Pond Road</u>	<u>Seffner, FL 33584</u>
<u>NGR</u>	<u>Innovative Global Enterprise, LLC</u>	<u>8870 N. Himes Avenue Unit 340</u>	<u>Tampa, FL 33614</u>
<u>REINSTATEMENT 2006-2008</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 Kristin Swafford McGraw Date 2-7-08 Daytime Phone # 813 495-2776

Typed or printed name of signing Managing Member/Manager Kristin Swafford McGraw