

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 21 AM 8:10

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # L 04000051200

1. Limited Liability Company's Name

ERC INVESTMENTS LLC

700140360927
01/12/09--01051--002 **723.75

CR2E041 (10/08)

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

13438 LAKE TURNBERRY CIR
Suite, Apt. #, etc.

3. Mailing Office Address

13438 LAKE TURNBERRY CIR
Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip Country

32828 U.S.A.

City & State

ORLANDO FL

Zip Country

32828 U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

July 09, 2004

6. FEI Number

20-1348204

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

EVANNA CRAIG

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

13438 LAKE TURNBERRY CIR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32828

☒ 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

Evanna Craig
REGISTERED AGENT MUST SIGN

Date 01-07-2009

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>PRES.</u>	<u>EVANNA CRAIG</u>	<u>13438 LAKE TURNBERRY CIR</u>	<u>ORLANDO FL 32828</u>
<u>VICE PRES.</u>	<u>ROBERT CRAIG</u>	<u>13438 LAKE TURNBERRY CIR</u>	<u>ORLANDO FL 32828</u>

L. SELLERS

JAN 22 2009

EXAMINER

REINSTATEMENT

05-09

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

Evanna Craig

Date 1-7-2009

Daytime Phone #

407-290-8778

321-235-1599

Typed or printed name of signing Managing Member/Manager

EVANNA CRAIG