

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

11 MAY 16 PM 3:18

DOCUMENT # L04000061508

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1. Limited Liability Company's Name

Engineering Manufacturing Services and Sources LLC

200207779992
05/17/11--01022--007 **516.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1071 Bluewood terrace		3. Mailing Office Address 1071 Bluewood terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston Florida		City & State Weston Florida	
Zip 33327	Country USA	Zip 33327	Country USA

4. State/Country of Formation Florida USA	
5. Date Organized or Qualified To Do Business in Florida 11/31/2004	
6. FEI Number 061613601	<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 Eugene Tabarovsky			
Street Address (P.O. Box Number is Not Acceptable) 1071 bluewood Terrace			
Suite, Apt. #, Etc.			
City Weston	State FL	Zip Code 33327	

E-mail Address:

Eugene@myacc.net

(To be used for future annual report notices)

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 5/13/11

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
MGRM	EUGENE TABAROVSKY	1071 Bluewood Terrace	Weston, FL 33327
MGRM	BRIAN TABAROVSKY	1071 Bluewood Terrace	Weston, FL 33327

REINSTATEMENT 2009-2011

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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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 5/13/11

Daytime Phone # (954) 531-8045

Typed or printed name of signing Managing Member/Manager