

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L04000075573**

1. Limited Liability Company's Name

**Gerda & Associates, LLC**

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

**1930 Lake Shore Cir.**

Suite, Apt. #, etc.

3. Mailing Office Address

**1930 Lake Shore Cir.**

Suite, Apt. #, etc.

City & State

**Longwood, FL**

City & State

**Longwood, Florida**

Zip

**32750**

Country

**USA**

Zip

**32750**

Country

**USA**

4. State/Country of Formation

**Florida/USA**

5. Date Organized or Qualified

To Do Business in Florida **03-31-09**

6. FEI Number

**65-1235422**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$100 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**Gerda Mothersill**

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

**1930 Lake Shore Cir.**

Suite, Apt. #, Etc.

City

**Longwood**

State

**FL**

Zip Code

**32750**

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

*Gerda Mothersill*

REGISTERED AGENT MUST SIGN

Date **03-31-09**

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
MGR	Melissa Mothersill	1930 Lake Shore Cir.	Longwood, FL 32750

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

*Melissa Mothersill*

Date **03-31-09**

Daytime Phone # **407-260-9556**

Typed or printed name of signing Managing Member/Manager **Melissa Mothersill**

**FILED**

**09 APR -7 AM 10:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CR2E041 (10/08)