


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 18 AM 10:12

|   |   |
|---|---|
| <b>DOCUMENT # L05000017032</b><br>1. Entity Name<br><b>EMPIREMAN, LLC</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>708 FLORIDA AVENUE<br/>CLEARWATER, FL 33756 US</b> | Mailing Address<br><b>708 FLORIDA AVENUE<br/>CLEARWATER, FL 33756 US</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>17515 Sandgate CT</b> | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>17515 Sandgate CT</b> |
|---|---|

|   |   |                     |                         |
|---|---|---------------------|-------------------------|
| City & State<br><b>LAND O LAKES, FL</b> | City & State<br><b>LAND O LAKES, FL</b> |                     |                         |
| Zip<br><b>34638</b>                     | Country<br><b>PASCO</b>                 | Zip<br><b>34638</b> | Country<br><b>PASCO</b> |



10142006 REIN-LLC CR2E101 (11/05)

|               |  |
|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|---------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301 |
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|  |
|--|
| <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |
|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00  
After January 1, 2007, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS |                                      |
|------------------------------|--------------------------------------|
| TITLE                        | MGRM <input type="checkbox"/> Delete |
| NAME                         | ISAKOV, JEROME                       |
| STREET ADDRESS               | 708 FLORIDA AVENUE                   |
| CITY-ST-ZIP                  | CLEARWATER, FL 33756                 |
| TITLE                        | <input type="checkbox"/> Delete      |
| NAME                         |                                      |
| STREET ADDRESS               |                                      |
| CITY-ST-ZIP                  |                                      |
| TITLE                        | <input type="checkbox"/> Delete      |
| NAME                         |                                      |
| STREET ADDRESS               |                                      |
| CITY-ST-ZIP                  |                                      |
| TITLE                        | <input type="checkbox"/> Delete      |
| NAME                         |                                      |
| STREET ADDRESS               |                                      |
| CITY-ST-ZIP                  |                                      |
| TITLE                        | <input type="checkbox"/> Delete      |
| NAME                         |                                      |
| STREET ADDRESS               |                                      |
| CITY-ST-ZIP                  |                                      |

| 10. ADDITIONS/CHANGES |   |
|-----------------------|---|
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        | 400080966184  |
| CITY-ST-ZIP           | 10/18/06--01055--008 **50.00                                      |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |

REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *J Isakov* 10/16/06 917-642-9888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #