

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 JAN 19 AM 10:53

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000017032

1. Limited Liability Company's Name
Empireman, LLC.

500166069515

01/13/10--01036--008 **555.00 ✓
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
17515 Sandgate Ct.

Suite, Apt. #, etc.

3. Mailing Office Address
17515 Sandgate Ct.

Suite, Apt. #, etc.

City & State
Land O'Lakes, FL.

Zip Country
34638 USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business In Florida
2-18-2005

6. FEI Number
03-0567074 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
CORPORATION service company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hayes Street

Suite, Apt. #, Etc.

City State Zip Code
Tallahassee FL 32301

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 _____ Date _____
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	Jerome Isakov	17515 Sandgate Ct.	Land O'Lakes, FL 34638

REINSTATEMENT 201-10 Jan

11. E-mail Address: Jerome_Isakov@yahoo.com
(To be used for future annual report notifications)

12. 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 Jisakov Date 1/5/10 Daytime Phone # 917-642-9888

Typed or printed name of signing Managing Member/Manager Jerome Isakov