

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

10 JAN 19 AM 10:53

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CR2E041 (11/09)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

DOCUMENT # L05000017032

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

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.

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Land O'Lakes, FL.

Zip 34638 Country USA

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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 Tallahassee

State FL Zip Code 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 Jerome Isakov Date 1/5/10 Daytime Phone # 917-642-9888  
Typed or printed name of signing Managing Member/Manager Jerome Isakov