

L05000018814

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

07 JUL 16 PM 4:25

DOCUMENT # L05000018814

1. Limited Liability Company's Name

SVP LLC

CR2E041 (1/07)

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

320 Running Wind Lane

3. Mailing Office Address

320 Running Wind Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland

City & State

Maitland

Zip
32751

Country
USA

Zip
32751

Country
USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

01/10/2005

6. FEI Number

20-2514748

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

Tomer Taggart

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

320 Running Wind Lane

Suite, Apt. #, Etc.

City
Maitland

State
FL

Zip Code
32751

☒ 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

REGISTERED AGENT MUST SIGN

Date **07/02/2007**

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	Tomer Taggart	320 Running Wind Lane	Maitland, FL 32751
	FF \$100		
	Ous 5		
	RF N/A		

BLT

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07/18/07--01051--003 **105.00

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

Date **07/02/2007**

Daytime Phone # **407-921-6850**

Typed or printed name of signing Managing Member/Manager

Tomer Taggart