

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

08 OCT -3 PM 3:43

DOCUMENT # L06000017767

1. Limited Liability Company's Name

FERRO GROUP LLC

CR2E041 (10/08)

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

121 S.ORANGE AVE

3. Mailing Office Address

121 S.ORANGE AVE

Suite, Apt. #, etc.

1230-N

Suite, Apt. #, etc.

1230-N

City & State

ORLANDO

City & State

ORLANDO

Zip

32801

Country

USA

Zip

32801

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

02/10/2006

6. FEI Number

20-4430086

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

HURREM CAN UNSALAN

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

121 S.ORANGE AVE.

Suite, Apt. #, Etc.

1230-N

City

ORLANDO

State

FL

Zip Code

32801

☐ 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 09/30/2008

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
	HURREM CAN UNSALAN / MGMR	121 S.ORANGE AVE. STE 1230N	ORLANDO / FL / 32801
	KAZIM NECDET UNSALAN / MGR	121 S.ORANGE AVE. STE 1230N	ORLANDO / FL / 32801
	EROL ALTUNBAY / MGR	121 S.ORANGE AVE. STE 1230N	ORLANDO / FL / 32801

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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 09/30/2008

Daytime Phone # 321 332 6910

Typed or printed name of signing Managing Member/Manager HURREM CAN UNSALAN