

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 06 0000 70950

1. Limited Liability Company's Name

ALDERMAN CENTER LLC

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

10312 Windermere Chase

Suite, Apt. #, etc.

3. Mailing Office Address

10312 Windermere Chase

Suite, Apt. #, etc.

City & State

GOtha FL

City & State

GOtha FL

Zip

34734

Country

USA

Zip

34734

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

7/17/06

6. FEI Number

20-5212909

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

E-mail Address:

600209430276
06/28/11--01024--012 **377.50
ispark316@gmail.com
(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

IL SANG PARK

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

10312 Windermere Chase

Suite, Apt. #, Etc.

City

GOtha

State

FL

Zip Code

34734

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

X

IL SANG PARK
REGISTERED AGENT MUST SIGN

Date

6/20/11

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
MEMBER	IL SANG PARK	10312 Windermere Chase	GOtha FL 34734

REINSTATEMENT 2010-11 JB

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

X

IL SANG PARK

Date

6/20/11

Daytime Phone #

407 405 2568

Typed or printed name of signing Managing Member/Manager