

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000008253

1. Limited Liability Company's Name

METRO EXECUTIVE SEARCH LLC

FILED

2009 NOV 13 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500162700485
11/10/09--01031--006 **382.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>12639 BUTLER BAY CT</u>		3. Mailing Office Address <u>PO Box 257</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>WINDERMERE, FL</u>		City & State <u>WINDERMERE, FL</u>	
Zip <u>34786</u>	Country <u>USA</u>	Zip <u>34786</u>	Country <u>USA</u>

4. State/Country of Formation <u>FL</u>	
5. Date Organized or Qualified To Do Business in Florida <u>1.23.07</u>	
6. FEI Number <u>51-0623298</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>JAMES P. TOLAN</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>12639 BUTLER BAY, CT</u>			
Suite, Apt. #, Etc.			
City <u>WINDERMERE</u>	State <u>FL</u>	Zip Code <u>34786</u>	

☐ 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 11.9.09

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	JAMES P. TOLAN	12639 BUTLER BAY CT.	WINDERMERE, FL 34786
MGR	SERUEN TOLAN	12639 BUTLER BAY CT.	WINDERMERE, FL 34786

11. E-mail Address: JTOLAN@SANFORDROSE.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

Date 11.9.09

Daytime Phone # 407 876 3364

Typed or printed name of signing Managing Member/Manager

JAMES P. TOLAN