

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILE 1<sup>st</sup>  
FILED

DOCUMENT # LD7000047963

1. Limited Liability Company's Name

SDR, LLC

2015 DEC -3 P 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

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

19521 Deelake RD

Suite, Apt. #, etc.

3. Mailing Office Address

208 EAST 28<sup>th</sup> ST

Suite, Apt. #, etc.

6A

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

5-7-07

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a certificate of status

City & State

Tampa, FLORIDA

City & State

NEW YORK, NY

Zip

33548

Country

USA

Zip

10016

Country

USA

8. Name and Address of Current Registered Agent

Name

LISA RICE

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

19521 Deelake RD

Apt. #, Etc.

City

Lot 2

State

FL

Zip Code

33548

400279710494  
12/03/15--01007--026 \*\*937.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

[Signature]

Date 12.2.15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	LISA RICE	208 EAST 28 <sup>th</sup> ST AP#6A	NYC, NY 10016

11. E-mail Address: \_\_\_\_\_

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

[Signature]

Date

12-2-15

Daytime Phone #

917-378-4272

Typed or printed name of signing authorized representative/member