

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 NOV 20 PM 5:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11/13/08 - 01020 - 001 \*\*243.75

CR2E041 (10/08)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO7000052 863

1. Limited Liability Company's Name

SELER, LLC

2. Principal Office Address - No P.O. Box #  
4100 N. POWERLINE ROAD

Suite, Apt. #, etc.  
W-2

City & State  
POMPANO BEACH

Zip  
33073

Country  
BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 5/17/2007

6. FEI Number  
26-0190279

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name  
ERGUN KALKAN

Street Address (P.O. Box Number is Not Acceptable)  
4100 N. POWERLINE RD

Suite, Apt. #, Etc.  
SUITE W-2

City  
POMPANO BEACH

State  
FL

Zip Code  
33073

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

*Ergun Kalkan*

REGISTERED AGENT MUST SIGN

Date

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
MR	ERGUN KALKAN	4100 N. POWERLINE RD SUITE W-2	POMPANO BEACH FL 33073
MRS	BERRIN KALKAN	4100 N. POWERLINE RD SUITE W-2	POMPANO BEACH FL 33073

REINSTATEMENT

*OK*

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

*Ergun Kalkan*

Date

11-10-08

Daytime Phone #

954-590-2900

Typed or printed name of signing Managing Member/Manager