

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 MAY -1 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/01/09--01019--018 \*\*277.50



01082009 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L07000075515</b> 1. Entity Name <b>EMORE'J PLATINUM SERVICES, LLC</b>					
Principal Place of Business <b>11760 KINGFISHER LANE EAST JACKSONVILLE, FL 32218</b>			Mailing Address <b>11760 KINGFISHER LANE EAST JACKSONVILLE, FL 32218</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>22-3966857</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <b>SPIEGEL &amp; UTRERA, P.A.</b> By: <u>Natalia Utrera</u> <span style="float: right;">4-30-09</span> SIGNATURE <u>Natalia Utrera, Vice President</u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLIER, BRUNETTA E 11760 KINGFISHER LANE EAST JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Collier, Brunnetta
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLIER, JEROME 11760 KINGFISHER LANE EAST JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAHMAN, CHINESA 11760 KINGFISHER LANE EAST JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>REINSTATEMENT 2008-2009</b>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Brunnetta Collier</u> Brunnetta Collier, Manager <u>Dec 31, 2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					