


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 JAN -8 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L08000103775

1. Limited Liability Company's Name
DEMYER CENTER, LLC

2. Principal Office Address - No P.O. Box # 17341 FRANK ROAD		3. Mailing Office Address 17341 FRANK ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ALVA, FL		City & State ALVA, FL	
Zip 33920	Country U.S.	Zip 33920	Country U.S.

CR2E041 (1/14)

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 11/05/2008	
6. FEI Number NONE 26-4339275	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	

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8. Name and Address of Current Registered Agent			
Name GERACI, D. D.			
Street Address (P.O. Box Number is Not Acceptable) Suite, 17341 FRANK ROAD			
Apt. # Etc.			
City ALVA	State FL	Zip Code 33920	

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 *D. D. Geraci*

Date 1/2/16

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
MGRM	NORD, PETER	10527 KENRIDGE DRIVE	CINCINNATI/OH/45242

REINSTATEMENT

2009-2016

11. E-mail Address geracirealty@yahoo.com
GERACI REALTY (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 *Richard W. Winesett* Date 1/2/16 Daytime Phone # 239-334-7040

Typed or printed name of signing authorized representative/member Richard W. Winesett