

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 18 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 08000 104079

1. Limited Liability Company's Name

SARASOTA Design Center, LLC

CR2E041 (11/09)

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

1413 BLVD of THE ARTS
Suite, Apt. #, etc.

3. Mailing Office Address

1413 BLVD of THE ARTS
Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip 34236 Country USA

City & State

SARASOTA FL

Zip 34236 Country USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/7/2008

6. FEI Number

38-3793124

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DWIGHT M. HERDRICH

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

523 COUNTRY LANE

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34212

☐ 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 4/27/10

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
<u>MGRM</u>	<u>DWIGHT M. HERDRICH</u>	<u>523 COUNTRY LANE</u>	<u>BRADENTON, FL 34212</u>

REINSTATEMENT-09-10

05/14/10 01038 001 **377.50

500180914005

05/14/10 01038 001 **377.50

11. E-mail Address: dwright@sarasotadesigncenter.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 4/27/10

Daytime Phone # 941-807-6300

Typed or printed name of signing Managing Member/Manager

C.S.