

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000052068

1. Limited Liability Company's Name

1015 SE 47 Terrace LLC

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

1015 SE 47th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

1015 SE 47th Terrace

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

33904

Country

USA

Zip

33904

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

05/14/2010

6. FEI Number

27-2570051

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

Alexander Evdokimov

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

5306 Malibu Court

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

E-mail Address:

**500222971595
02/24/12--01048--001 **377.50**

aei.evdokimov@gmail.com

(To be used for future annual report notices)

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

Date **02/23/2012**

REGISTERED AGENT MUST SIGN

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
MEM	Alexander Evdokimov	5306 Malibu Court	Cape Coral / FL / 33904
MEM	Peter Rietmann	204 Tudor Drive	Cape Coral / FL 33904

REINSTATEMENT - 2011 + 2012

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. 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 Managing
Member/Manager

Date **02/23/2012**

Daytime Phone # **239-2330467**

Typed or printed name of signing Managing Member/Manager