

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 DEC 26 PM 2:50

DOCUMENT # L12000102508

1. Limited Liability Company's Name

L12000102508
Resurgam LLC

CR2E041 (12/13)

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

1710 Madison St Apt 11

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

USA

3. Mailing Office Address

1710 Madison St Apt 11

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida
08/08/2012

6. FEI Number

460722900

☐ 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

Rebecca E Cerda

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

1710 Madison St Apt 11

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

E-mail Address:

200255021522
12/26/13--01028--006 **238.75

carishina@hotmail.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 605, F.S.

Signature of

Registered Agent Rebecca Cerda

Rebecca Cerda

Date 12/24/2013

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Rebecca E Cerda	1710 Madison St Apt 11	Hollywood, FL 33020

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 § 817.155, F.S.

Signature of

Authorized Person Rebecca Cerda

Rebecca Cerda

Date 12/24/2013

Daytime Phone # 954-536-4636

Typed or printed name of signing Authorized Person Rebecca Cerda

RE 12/27/13