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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**15 MAY 18 AM 8:41**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L13000138547

1. Limited Liability Company's Name

**SHERWOOD SEARCH ASSOCIATES LLC**

**400273067584**

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <b>14521 Broadhaven Blvd</b>		3. Mailing Office Address <b>14521 Broadhaven Blvd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32828</b>	Country <b>United States</b>	Zip <b>32828</b>	Country <b>United States</b>

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified  
To Do Business in Florida  
10/01/2013

6. FEI Number  
**20-3120930**

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 <b>Corporation Service Company</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>		
Suite, Apt. #, Etc.		
City <b>Tallahassee</b>	State <b>FL</b>	Zip Code <b>32301</b>

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

REGISTERED AGENT MUST SIGN

**Lydia Cohen**  
**Asst. Vice President**

Date **5/15/15**

**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
AMBR	Andre Tripoli	14521 Broadhaven Blvd	Orlando, FL 32828

11. E-mail Address:

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

**5-14-15**

Daytime Phone #

**908.581.5126**

Typed or printed name of signing Authorized Representative/Manager **Andre Tripoli**

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 550491 7958261

AUTHORIZATION :

*Lyndee Clemon*

COST LIMIT : \$ 377.50

ORDER DATE : March 17, 2015

ORDER TIME : 5:25 PM

ORDER NO. : 550491-005

CUSTOMER NO: 7958261

DOMESTIC FILINGS

NAME: SHERWOOD SEARCH ASSOCIATES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
15 MAY 18 AM 11:20  
DIVISION OF CORPORATE AFFAIRS