

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harfis
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 31 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L97000001157

1. Limited Liability Company's Name

Erdic USA, L.C.

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-02/07/00--01017--001
****150.00 ****150.00

2. Principal Office Address

2119 Boot Lake Circle

Suite, Apt. #, etc.

3. Mailing Office Address

2119 Boot Lake Circle

Suite, Apt. #, etc.

City & State

Tampa, FL 33612

Zip

33612

Country

USA

City & State

Tampa, FL 33612

Zip

33612

Country

USA

4. State/Country of Formation

Florida - USA

**5. Date Organized or Qualified
To Do Business in Florida**

4/22/98

6. FEI Number

59-3473125

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Robert van Ouwerkerk

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

2119 Boot Lake Circle

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

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 1/3/00

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
	Robert van Ouwerkerk	2119 Boot Lake Circle	Tampa, FL 33612

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*****50.00 *****50.00

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.

**Signature of
Managing Member/Manager**

Date 1/3/00

Daytime Phone # 813-931-4248

Typed or printed name of signing Managing Member/Manager