

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

NOV 14 AM 11:05

**REINSTATEMENT 2000**

**DOCUMENT #**

1. Limited Liability Company's Name

Seranit USA, LLC

L99/902

**2. Principal Office Address**

7375 Peppermill Parkway

Suite, Apt. #, etc.

City & State

North Charleston, SC

Zip

29418

Country

U.S.A.

**3. Mailing Office Address**

7375 Peppermill Parkway

Suite, Apt. #, etc.

City & State

North Charleston, SC

Zip

29418

Country

U.S.A.

**4. State/Country of Formation**

Florida/U.S.A.

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

02/16/99

**6. FEI Number**

59-3556520

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

Randell Miller

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

315 S. Hyde Park Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

100003478601-1  
-11/28/00-01081-005  
\*\*\*\*150.00 \*\*\*\*150.00

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 10-17-2000

**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
mgr	Neil Sevintuna	7375 Peppermill Parkway	North Charleston, SC 29418
mgr	Omar Topbas	701 Brickell-Key Dr.; Apt.1107	Miami, Florida 33131
mgr	Mehmet Gonenc	81080 Sahravicedid Kadikoy	Istanbul, Turkey

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 11/1/2000 Daytime Phone # 843 767 8080

Typed or printed name of signing Managing Member/Manager

Neil Sevintuna

CR2E041 (9/00)