

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 DEC -7 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**DOCUMENT #** L99000002910

**1. Limited Liability Company's Name**

UNITED RESTORATION LLC

**2. Principal Office Address**

5821 N. Andrews Way

Suite, Apt. #, etc.

**3. Mailing Office Address**

5821 N. Andrews Way

Suite, Apt. #, etc.

**City & State**

Fort Lauderdale, FL

**Zip**

33309

**Country**

U.S.A.

**City & State**

Fort Lauderdale, FL

**Zip**

33309

**Country**

U.S.A.

**4. State/Country of Formation**

FL

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

05/20/99

**6. FEI Number**

65-0920006

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒ **YES**

\$5.00 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** *2000*

**8. Name and Address of Current Registered Agent**

**Name**

Corporation Company of Miami

900003499629-9

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

201 S. Biscayne Blvd.

-12/13/00--01055--013

\*\*\*\*158.75 \*\*\*\*158.75

**Suite, Apt. #, Etc.**

Suite 1600 (AGS)

**City**

Miami

**State**

FL

**Zip Code**

33131

**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**

*Lalaine A. Landau*  
By: Lalaine A. Landau, Assistant Secretary

Date Nov. 28, 2000

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
MGR	Berch, Mark	5821 N. Andrews Way	Fort Lauderdale, FL 33309
MGR	Berch, Ian	5821 N. Andrews Way	Fort Lauderdale, FL 33309

**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 11/29/00

Daytime Phone # 954-771-6466

Typed or printed name of signing Managing Member/Manager

IAN BERCH, MANAGER

CR2E041 (9/99)