

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

01 DEC -6 PM 3:05

DOCUMENT # L99000002910

1. Limited Liability Company's Name

United Restoration, LLC

2. Principal Office Address

5821 N. Andrews Way

Suite, Apt. #, etc.

Fort Lauderdale

City & State

Fort Lauderdale, FL

Zip

33309

Country

Broward

3. Mailing Office Address

5821 N. Andrews Way

Suite, Apt. #, etc.

Fort Lauderdale

City & State

Fort Lauderdale, FL

Zip

33309

Country

Broward

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

May-20, 1999

6. FEI Number

65-0920006

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

Corporation Company of Miami

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

201 South Biscayne Blvd

Suite, Apt. #, Etc.

Suite 1500

City

Miami

State

FL

Zip Code

33131

600004716806-5

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\*\*\*\*155.00 \*\*\*\*155.00

CUS

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 10/15/01

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

MGRM MARK Berch

5821 N. Andrews Way

Fort Lauderdale, FL 33309

MGRM Ian Berch

5821 N. Andrews Way

Fort Lauderdale, FL 33309

Rein 100

UBR 50

CUS 5

155 10

REINSTATEMENT 2001

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 10/15/01

Daytime Phone # 954-771-6466

Typed or printed name of signing Managing Member/Manager

Ian Berch

CR2E041 (9/01)