

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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # **L99000008307**

1. Limited Liability Company's Name

ERD, L.L.C.

2. Principal Office Address

571 BIRDIE LANE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified

To Do Business in Florida

11/29/99

6. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

City & State

LONGBOAT KEY FL

City & State

Zip

34228-3508

Country

Zip

Country

8. Name and Address of Current Registered Agent

Name

ENRICO ROTONDO

700003491627-3

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

571 BIRDIE LANE

12/08/00-01041-018

******150.00 ****150.00**

Suite, Apt. #, Etc.

City

LONGBOAT KEY

State

FL

Zip Code

34228

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

Enrico Rotondo

Date **10-18-2000**

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
MEMBER	ENRICO ROTONDO	SAME AS ABOVE	
MEMBER	DEBORAH ROTONDO	SAME AS ABOVE	

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

Enrico Rotondo

Date

10-18-00

Daytime Phone

(941) 387-0204

Typed or printed name of signing Managing Member/Manager

ENRICO ROTONDO