

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC -5 AM 9:06

DOCUMENT # **MO 3000003668**

1. Limited Liability Company's Name

UNIROYAL ENGINEERED PRODUCTS, LLC

2. Principal Office Address

290 COCOANUT AVE

Suite, Apt. #, etc.

1-A

City & State

SARASOTA, FLORIDA

Zip  
34236

Country  
USA

3. Mailing Office Address

290 COCOANUT AVE

Suite, Apt. #, etc.

1-A

City & State

SARASOTA, FLORIDA

Zip  
34236

Country  
USA

CR2E041 (8/05)

4. State/Country of Formation

DELAWARE/USA

5. Date Organized or Qualified  
To Do Business in Florida

11/03/2003

6. FEI Number

20-0281354

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

GEORGE L. SANCHEZ

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

290 COCOANUT AVE

Suite, Apt. #, Etc.

1-A

City

SARASOTA, FLORIDA

State

FL

Zip Code

34236

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 11/04/2005

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
MM	HOWARD R. CURD	1111 RITZ CARLTON DR. #1703	SARASOTA, FL 34236
MM	HOWARD F. CURD	18 ELM SEA LANE	MANHASSET, NY 11030
MM	GEORGE L. SANCHEZ	6818 TUMBLEWEED TRAIL	BRADENTON, FL 34202
MM	LAWRENCE E. BRESSLER	2640 2 B ROAD	BREMAN, IN 46506
MM	ERIC A. HAGEN	W9509 LAKE ROAD	EDGERTON, WI 53534

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 11/04/2005

Daytime Phone # 941-906-8580 EX 304

Typed or printed name of signing Managing Member/Manager

GEORGE L. SANCHEZ