


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 18 AM 9:37

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** M04000003669

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

SEROC HOLDINGS, LLC

<b>2. Principal Office Address</b> 1170 Centerpoint Road		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Birmingham		City & State Alabama	
Zip 35215	Country USA	Zip	Country

CR2E041 (8/05)

**4. State/Country of Formation**  
Alabama, Jefferson Co. 7/29/04

**5. Date Organized or Qualified**  
9/3/04  
Type of Business In Florida

**6. FEI Number** 87-0431307

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  
David Edward O'Connor

Street Address (P.O. Box Number is Not Acceptable)  
2156 Harlans Run

Suite, Apt. #, Etc.

City  
Naples

State  
FL

Zip Code  
34105

000086237610  
01/25/07--01043--008 \*\*255.00

**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 *David Edward O'Connor* Date 1/15/07

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.	Kevin Serra	1170 Centerpoint Road	Birmingham, AL 35215
Mgr.	David Edward O'Connor	2156 Harlans Run	Naples, FL 34105

**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 *David Edward O'Connor* Date 1/15/07 Daytime Phone (239) 777-1186

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_