

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

APR. 30 2009

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

EXAMINER

LIMITED LIABILITY REINSTATEMENT

ERES LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$798.75

Corporate Filing Menu

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TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000000007

1. Limited Liability Company's Name

Eres LLC

CR2E041 (10/08)

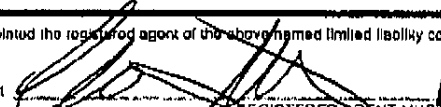
2. Principal Office Address - No P.O. Box # 120 Fifth Avenue		3. Mailing Office Address 120 Fifth Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New York, New York		City & State New York, New York	
Zip 10011	Country U.S.A.	Zip 10011	Country U.S.A.

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 1 December 30, 2004	
6. FEI Number 86-1123792	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 CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Barren Road	
Suite, Apt. #, Etc.	
City Plantation	State FL Zip Code 33324

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, hereby certify that I am qualified to accept the obligations of Chapter 608, F.S.

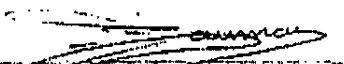
Signature of Registered Agent  Chris McNear
Assistant Secretary Date 4/28/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Francisco Saumoy	9 West 57th Street	New York, New York 10019

REINSTATEMENT 05-09

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 April 28, 2009 Daytime Phone # (212) 303-5791

Typed or printed name of signing Managing Member/Manager Francisco Saumoy, Manager