

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

01 NOV 28 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013579

1. Limited Liability Company's Name

Samara Enterprises, L.L.C

2. Principal Office Address

1621 Collins Ave.

Suite, Apt. #, etc.
911

City & State

Miami Beach, Florida

Zip Country

33139

3. Mailing Office Address

1621 Collins Ave.

Suite, Apt. #, etc.
911

City & State

Miami Beach, Florida

Zip Country

33139

Miami-Dade

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

55-1053155

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$50.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jaime Szkolnik

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

1621 Collins Ave.

Suite, Apt. #, Etc.

911

City

Miami Beach,

State

FL

Zip Code

33139

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. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	Jaime Szkolnik	1621 Collins Ave.	Miami Beach, Fl. 33139

REINSTATEMENT

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager