


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L05000091449**

1. Entity Name  
**SAINZ DEVELOPMENT LLC**



Principal Place of Business  
**4625 SW 128 AVE.  
MIAMI, FL 33175**

Mailing Address  
**4625 SW 128 AVE.  
MIAMI, FL 33175**

2. Principal Place of Business - No P.O. Box #  
**3779 SW 135 AVE**

3. Mailing Address  
**Same**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33175**

Country  
**USA**

**FILED**  
07 DEC -7 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12062007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
**APPLIED FOR**  Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMON, OLGA**  
**4625 SW 128TH AVENUE**  
**MIAMI, FL 33175**

7. Name and Address of New Registered Agent

Name **OLGA SIMON**

Street Address (P.O. Box Number is Not Acceptable)  
**3779 SW 135 AVE**

City **MIAMI** FL Zip Code **33175**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Olga Simon* DATE: **12/6/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMON, OLGA 4625 SW 128 AVE. MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3779 SW 135 AVE MIAMI FL 33175 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REINEL R. GONZALEZ 3779 SW 135 AVE MIAMI FL 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500113158555 12/14/07--01047--016 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Olga Simon* DATE: **12/6/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #