

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAR -4 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
L11000119246

SFT Commissary llc

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
1920 tigertail

3. Mailing Office Address
1920 tigertail blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation
FI/ USA

5. Date Organized or Qualified
To Do Business in Florida
05/27/2010

City & State
Dania beach FI

City & State
Dania beach FI

6. FEI Number
454008039

Applied For
Not Applicable

Zip Country
33004 usa

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33004 usa

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Zachary Schwartz

Street Address (P.O. Box Number is Not Acceptable)
9405 nw 72nd ct

Suite, Apt. #, Etc.

City
tamarac

State Zip Code
FL 33321

000257490780
03/05/14--01003--006 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date

2/26/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
managing member	Jody Schwartz	9405 nw 72nd ct	tamarac fl 33321

MAR - 4 2014
M. WILLIAMS

11. E-mail Address: mtocatering@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

2/26/14

Daytime Phone #

954-234-2327

Typed or printed name of signing Authorized Representative/Manager Zachary Schwartz