

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

11 SEP -8 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # L04000017657 *W11-43184*

1. Limited Liability Company's Name

**SARAJOE, LLC**

**REINSTATEMENT** *05-11*

2. Principal Office Address - No P.O. Box # 2950 SW 27th Ave		3. Mailing Office Address 2950 SW 27th Ave	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100	
City & State Miami, FL. 33133		City & State Miami, FL. 33133	
Zip	Country	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **Pablo R. Bared, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
2950 SW 27th Ave

Suite, Apt. #, Etc.  
100

City **Miami, FL. 33133** State **FL** Zip Code

E-mail Address:

**700211065657**  
**08/15/11--01040--010 \*\*1076.25**

(To be used for future annual report notices)

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 *See attached* Date \_\_\_\_\_

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	Daniel Bassan	2950 SW 27th Ave, #100	Miami, FL. 33133



**L. SELLERS**  
SEP -9 2011  
**EXAMINER**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *[Signature]* Date 8/11/11 Daytime Phone # 3056666010

Typed or printed name of signing Managing Member/Manager Daniel Bassan mgr.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000017657 1. Limited Liability Company's Name <h1 style="text-align: center;">SARAJOE, LLC</h1>			
2. Principal Office Address - No P.O. Box # 2950 SW 27th Ave Suite, Apt. #, etc. 100 City & State Miami, FL. 33133 Zip Country Zip Country		3. Mailing Office Address 2950 SW 27th Ave Suite, Apt. #, etc. 100 City & State Miami, FL. 33133 Zip Country Zip Country	
		4. State/Country of Formation Florida	
		5. Date Organized or Qualified To Do Business in Florida	
		6. FEI Number <span style="float: right;">Applied For <input type="checkbox"/></span> <span style="float: right;">Not Applicable <input checked="" type="checkbox"/></span>	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>Is the Applicant also required for a Certificate of Status?</small>	
8. Name and Address of Current Registered Agent Name Pablo R. Bared, Esq. Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27th Ave Suite, Apt. #, Etc. 100 City Miami, FL. 33133		E-mail Address:   (To be used for future annual report notices)	
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 _____ Date _____ <p style="text-align: center;"><b>REGISTERED AGENT MUST SIGN</b></p>			
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	Daniel Bassan	2950 SW 27th Ave, #100	Miami, FL 33133
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Signature of Managing Member/Manager 		Date <u>8/11/11</u> Daytime Phone # <u>3056666010</u>	
Typed or printed name of signing Managing Member/Manager <u>Daniel Bassan mgr.</u>			

CR2E041 (1/11)

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 TALLAHASSEE, FLORIDA