

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 21 AM 10:54

DOCUMENT # A01000000995

1. Limited Liability Company's Name

SAPPHIRE BRANDON, LTD

2. Principal Office Address

12052 100th AVE N

Suite, Apt. #, etc.

City & State

SEMINOLE, FLORIDA

Zip

33772

Country

USA

3. Mailing Office Address

14025 RIVEREDGE DRIVE

Suite, Apt. #, etc.

SUITE 600

City & State

TAMPA FLORIDA

Zip

33637

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

7/23/2001

6. FFL Number

593729773

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

Jeffrey P. Greenberg

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

14025 Riveredge Drive

Suite, Apt. #, Etc.

Suite 600

City

Tampa

State

FL

Zip Code

33637

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

Jeffrey P. Greenberg

REGISTERED AGENT MUST SIGN

Date 10/12/05

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
	Gary W. Wright	14025 Riveredge Drive	Tampa, Florida 33637

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

Gary W. Wright

Date 10/12/05

Daytime Phone # (813) 675-2447

Typed or printed name of signing Managing Member/Manager Gary W. Wright

Sapphire Brandon, Ltd.

*Mailing Address:
14025 Riveredge Drive, Suite 600
Tampa, Florida 33637
Phone: 813-977-8756
Fax: 813-977-0143*

October 18, 2005

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Sapphire Brandon, Ltd.

To Whom It May Concern:

Enclosed for filing please find an originally executed Limited Liability Company Reinstatement for the above referenced assumed name along with a check for \$150.00 payable to Secretary of State.

If you have any questions please feel free to call me at (813) 675-2447. Thank you.

Sincerely,



Lynda Morales

Enclosures