

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000007933**

1. Limited Liability Company's Name

S.B.M.I. II, LLC.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

1737 Union St

SAN FRANCISCO

94123

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

7/6/2000

6. FEI Number

651031519

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

MELAND J. RUSSIN

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

200 S. BISCAYNE BLVD.

Suite, Apt. #, Etc.

2420

City

Miami, Fla.

000004707030-5

-12/06/01--01003--009

******150.00 ****150.00**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11/13/01**

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

Manager MICHAEL BLAKEMAN

1737 Union

SAN FRANCISCO, CA 94123

REINSTATEMENT

**of
dec**

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

[Signature]

Date **11/1/01**

Daytime Phone # **(415) 385-7666**

Typed or printed name of signing Managing Member/Manager

MICHAEL BLAKEMAN

CR2E041 (9/01)