

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State

1. DOCUMENT # L00000008300

Name and Mailing Address

0009960 01 FP 0.352 **PRSR H5 0 0615 33182-203595



SABRALASE, LC
12695 NW 11 ST.
MIAMI FL 33182-2035

02 DEC 30 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

12695 NW 11 ST.
MIAMI FL 33182

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/14/2000

6. FEI Number

65-1027341

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

KENT, JIM
2810 SW 122ND AVENUE
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date 12-26-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	HERNANDEZ, CARMEN M	12695 NW 11 ST.	MIAMI FL 33182
VP	ARRECHEA, SERGIO	12695 NW 11 ST.	MIAMI FL 33182
600009746466 12/30/02--01099--005 **100.00			
REINSTATEMENT 2002			
AL			

12. 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

Date 12-26-02

Daytime Phone

(305) 436-9333

Typed or printed name of signing Managing Member/Manager