

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC. OF STATE
DIVISION OF CORPORATIONS
06 FEB 20 AM 9:19

DOCUMENT #

1. Limited Liability Company's Name

L00.000010884
SVH Enterprises, LLC

800067311398

03/07/06--01021--028 **305.00

CR2E041 (8/05)

2. Principal Office Address

11443 Key Deer Cr.
Suite, Apt. #, etc.

3. Mailing Office Address

11443 Key Deer Cr.
Suite, Apt. #, etc.

City & State

Lakeworth, FL

Zip

33467

Country

USA

City & State

Lakeworth, FL

Zip

33467

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/11/00

6. FEI Number

☒ 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

Susan VanHouten

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

11443 Key Deer Cr.

Suite, Apt. #, Etc.

City

Lakeworth FL

State

FL

Zip Code

33467

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 2/14/06

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
CEO	Susan VanHouten	11443 Key Deer Cr	Lakeworth, FL 33467

REINSTATEMENT 03-06

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 if made under oath.

Signature of
Managing Member/Manager

[Signature]

Date 2/14/06

Daytime Phone # 561 333 0073

Typed or printed name of signing Managing Member/Manager

Susan VanHouten