

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -8 PM 4:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L 01000000563

1. Limited Liability Company's Name

Sammy's Investments, LLC

400028657944
02/12/04--01032--020 **150.00

3/8

2. Principal Office Address

929 W. Colonial Drive

Suite, Apt. #, etc.

3. Mailing Office Address

929 W. Colonial Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

USA

Zip

32804

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 1/11/2001

6. FEI Number

02-0540056

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

Albert Segev

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

929 W. Colonial Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

400028657944
03/24/04--01018--022 **50.00

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**

Albert Segev

Date 5-Feb-04

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
MGRM	Albert Segev	929 W. Colonial Drive	Orlando, FL 32804

REINSTATEMENT 2003-2004

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**

Date

5-Feb-04

Daytime Phone #

407-383-4590

Typed or printed name of signing Managing Member/Manager

Albert Segev

CR2E041 (10/02)