

L01000000563

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 APR 14 PM 3:32

DOCUMENT # L01000000563

1. Limited Liability Company's Name

Sammy's Investments, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

929 W. Colonial Dr

Suite, Apt. #, etc.

3. Mailing Office Address

400 East Colonial Dr

Suite, Apt. #, etc.

1404

City & State

Orlando, FL

Zip

32804

Country

USA

City & State

Orlando, FL

Zip

32803

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida

1-11-2001

6. FEI Number

020540056

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)

400 East Colonial Drive

Suite, Apt. #, Etc.

1404

City

Orlando

State

FL

Zip Code

32803

E-mail Address:

200201926452

04/15/11--01004--001 **541.25

Hotel4321@aol.com

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date

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	400 East Colonial Dr # 1404	Orlando, FL 32803
	FF \$516.25		

REINSTATEMENT

2009-2011

Walt 4/14/11

11. I certify that I am managing member/manager of 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date

04/12/2011

Daytime Phone #

407-383-4590

Typed or printed name of signing Managing Member/Manager