

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jeffrey Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT 24 AM 9:49

1. DOCUMENT # L01000007629

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

0004679 01 FP 0.352 \*\*PRSRT T4 0 0615 33477-514225



SAGOT REALTY, LLC  
900 E. INDIANTOWN ROAD  
SUITE 100  
JUPITER FL 33477-5142

US

MJH



2. New Mailing Address

900 E. Indiantown Road Suite 107

City, State, Zip  
Jupiter, FL 33477

Principal Place of Business

900 E. INDIANTOWN ROAD  
SUITE 100  
JUPITER FL 33477  
US

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

05/15/2001

6. FEI Number

EIN-41-2030501

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

SAGOT, LEONARD M  
4101 CAPTAIN'S WAY  
ADMIRAL'S COVE  
JUPITER FL 33477

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

Leonard M. Sagot

REGISTERED AGENT MUST SIGN

Date 10/23/02

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
MGR OWNER	Leonard M. SAGOT	4101 Captains Way	Jupiter, FL 33477

10/24/02 01076 002 \*\*155.00

900008509239

10/24/02 01076 002 \*\*155.00

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

Leonard M. Sagot

Date 10/23/02

Daytime Phone # 561-746-5500

Typed or printed name of signing Managing Member/Manager

Leonard M. SAGOT