

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF BANKING AND FINANCE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000009063

Name and Mailing Address

02 OCT 28 PM 2:20

0000196 01 FP 0.352 **PRSR T1 0 0615 33131-265978

SOUTHERN INVESTMENT COMPANY, LLC
800 CLAUGHTON ISLAND DR., APT. 2703
MIAMI FL 33131-2659

REINSTATEMENT 2002



2. New Mailing Address

6604 Miller Drive

City, State, Zip

Miami Florida 33155

Principal Place of Business

800 CLAUGHTON ISLAND DR., APT. 2703
MIAMI FL 33131

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

06/06/2001

6. FEI Number

65-1116185

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

MATERA, JAIME A
800 CLAUGHTON ISLAND DR., APT. 2703
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name Edgar Sabbagh
Street Address (P.O. Box Number is Not Acceptable)
6604 Miller Drive

City

Miami

FL

Zip Code

33155

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

Edgar E. Sabbagh

REGISTERED AGENT MUST SIGN

Date 10/22/02

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
MATE	RA, ALFREDO A	800 CLAUGHTON ISLAND DR., APT. 2703	MIAMI FL 33131

800008643658
10/29/02--01025--025 **150.00

REINSTATEMENT 2002

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

Alfredo A. RA

Date

(786) 402-6468

Daytime Phone #

OCT. 22/02

Typed or printed name of signing Managing Member/Manager