

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

02 DEC -6 PM 1:22 12/10

1. DOCUMENT # L01000009595

Name and Mailing Address

0001914 01 FP 0.352 \*\*PRSR T6 0 0615 33133-311060  
SARAH CATHERINE, LLC  
2360 S.W. 27TH LANE  
MIAMI FL 33133-3110



REINSTATEMENT 2002

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2360 S.W. 27TH LANE MIAMI FL 33133		5. Date Organized or Qualified To Do Business in Florida 06/14/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1113849 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent FARR, SARAH 2360 S.W. 27TH LANE MIAMI FL 33133		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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
MGRM	FARR, SARAH	2360 S.W. 27TH LANE	MIAMI FL 33133

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 X *S. Farr* Date X 12/2/02 Daytime Phone # X 305-285-9475

Typed or printed name of signing Managing Member/Manager