

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Florida Department of State
Jim Smith
Secretary of State
Division of Corporations

AND
FILED

02 NOV -7 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009988

Name and Mailing Address

0011229 01 FP 0.352 **PRSR H4 7 0615 94515-162407



SAK, LLC
1807 FOOTHILL BLVD.
CALISTOGA CA 94515-1624

REINSTATEMENT 2002



2. New Mailing Address

City, State, Zip

Principal Place of Business

1807 FOOTHILL BLVD.
CALISTOGA CA 94515

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

06/18/2001

6. FEI Number

DONE

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

COSTELLO, TRUMAN J ESQUIRE
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS FL 33907

9. Name and Address of New Registered Agent

Name

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

700008875327
11/07/02--01078--005 **150.00

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

REGISTERED AGENT MUST SIGN

Date

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

Celeste P. Ford

1807 Foothill Blvd.

Calistoga, CA 94515

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

Celeste P. Ford

Date 10/30/02

Daytime Phone # 707. 942. 6733

Typed or printed name of signing Managing Member/Manager

Celeste P. Ford

CR2E084 (8/02)