

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 20 AM 11:15

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

SANGELICA II, LLC
L01000010450

2. Principal Office Address

4021 N. ANDREWS AVENUE

Suite, Apt. #, etc.

6

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

3. Mailing Office Address

4021 N. ANDREWS AVENUE

Suite, Apt. #, etc.

6

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number 651118615

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

PELLEGRINO, SAL

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

4021 N. ANDREWS AVENUE

Suite, Apt. #, Etc.

6

City

FT. LAUDERDALE

State
FL

Zip Code
33309

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

Date

06/17/05

REGISTERED AGENT MUST SIGN

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	PELLEGRINO, SAL	4021 N. ANDREWS AVENUE, STE. 6	FT. LAUDERDALE, FL 33309

11. 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

Date

06/17/05

Daytime Phone

(954) 346-3908

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)