

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 12 AM 9:03

DOCUMENT # L01000011463

1. Limited Liability Company's Name

Daughters of Sarah Services LLC

2. Principal Office Address

273 NE 43rd

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

P.O. Box 5181

Suite, Apt. #, etc.

N/A

City & State

Pompano Beach FL

Zip

Country

33064

Broward

City & State

Lighthouse Point FL

Zip

Country

33064

Broward

4. State/Country of Formation

N/A

5. Date Organized or Qualified
To Do Business in Florida

07/13/2001

6. FEI Number

65-1131337

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Katherine Isabelle

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

273 NE 43rd St - ~~273 NE 43rd St~~

Suite, Apt. #, Etc.

~~273 NE 43rd St~~

City

Pompano Beach

State

FL

Zip Code

33064

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

Katherine Isabelle

REGISTERED AGENT MUST SIGN

Date May 30th, 2005

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 |
|----------|--------------------------------------|---|-----------------------------|
| operator | N/A K.I. Katherine Isabelle | 273 NE 43rd St | Pompano Beach, FL 33064 |
| | | | 200056360462 |
| | | | 06/21/05-01004-003 **500.00 |
| | | | |
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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

Katherine Isabelle

Date 7-5-05

Daytime Phone # 954-324-5475

Typed or printed name of signing Managing Member/Manager

Katherine Isabelle

CR200-11 (10/02)