

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -6 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

DOCUMENT # 01000015782

1. Limited Liability Company's Name

SARW Investments, LLC

2. Principal Office Address

2424 Torreya Drive

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32303

Country

Leon

3. Mailing Office Address

2425 Torreya Drive

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32303

Country

Leon

4. State/Country of Formation

Florida Leon

**5. Date Organized or Qualified
To Do Business In Florida**

6. FEI Number

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

RODNEY W. WATTS

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

2425 TORREYA DRIVE

Suite, Apt. #, Etc.

500054340275

05/12/05-01072-012 **\$0.00

City

TALLAHASSEE,

State

FL

Zip Code

32303

32303

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

Rodney W. Watts

REGISTERED AGENT MUST SIGN

Date

5/6/05

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
MGM Pres.	Rodney W. Watts	2425 Torreya Drive	Tallahassee, Florida 32303

**Reinstate ment 2002-2003
2004-2005**

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

Rodney W. Watts

Date

4/29/05

Daytime Phone #

850-681-9528

Typed or printed name of signing Managing Member/Manager