

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 12 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021995

Name and Mailing Address

0009401 01 FP 0.352 **PRSRT H6 0 0615 33134-49268



SUGAR HOLDINGS, L.C.
401 MIRACLE MILE, SUITE 408
C/O ROBERTO PERKINS
CORAL GABLES FL 33134-4926



2. New Mailing Address

City, State, Zip

Principal Place of Business

401 MIRACLE MILE, SUITE 408
C/O ROBERTO PERKINS
CORAL GABLES FL 33134

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

12/18/2001

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

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET
SUITE 300
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

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

on F.I.E.

REGISTERED AGENT MUST SIGN

Date DEC 10/2002

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
	Carlos Baez, MGR.	401 Miracle Mile Suite 408	Coral Gables, FL 33134

REINSTATEMENT

800009012748
11/15/02--01009--003 **155.00

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

Date 11-13-02 Daytime Phone #