

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 22 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000003518

1. Limited Liability Company's Name

SJH Realty, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
11111 Biscayne Blvd.

Suite, Apt. #, etc.
715

City & State
Miami, FL

Zip
33181

Country
USA

3. Mailing Office Address
11111 Biscayne Blvd.

Suite, Apt. #, etc.
715

City & State
Miami, FL

Zip
33181

Country
USA

4. State/Country of Formation
Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida** **2-13-02**

6. FEI Number
01-0805229

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
Stephanie Herman

Street Address (P.O. Box Number is Not Acceptable)
11111 Biscayne Blvd.

Suite, Apt. #, Etc.
715

City
Miami, FL

State
FL

Zip Code
33181

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Stephanie Herman

REGISTERED AGENT MUST SIGN

Date **3-16-07**

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	Stephanie Herman	11111 Biscayne Blvd.	Miami, FL 33181
			500095253825 03/29/07--01057--021 **250.00

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

Stephanie Herman

Date **3-16-07**

Daytime Phone# **305-793-4065**

Typed or printed name of signing Managing Member/Manager **Stephanie Herman**