L02000004265

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Nov-1-2003 12:54pm From-RENNCCLOSKY 17FORTH T-977 P.003/003 F-975

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000004265

1. Limited Liability Company's Name
Sabry Jen, LLC

REINSTATEMENT 2003

2. Principal Office Address		**3.** Mailing Office Address	
3021 NW 25th Avenue		3021 NW 25th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Pompano Beach, FL		Pompano Beach, FL	
Zip	Country	Zip	Country
33069	USA	33069	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business In Florida 2/18/02

6. FEI Number — Applied For / X 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: Howard Shaffer

Street Address (P.O. Box Number is Not Acceptable): 3021 NW 25th Avenue

Suite, Apt. #, Etc.:

City: Pompano Beach — State: FL — Zip Code: 33069

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 11-10-03
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
MGR	Howard Shaffer	3021 NW 25th Avenue	Pompano Beach, FL 33069
MGR	Jennifer Shaffer	3021 NW 25th Avenue	Pompano Beach, FL 33069

11-18-03

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 11-10-03 Daytime Phone# 954.971.9900

Typed or printed name of signing Managing Member/Manager _____

H03000318792

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 17, 2003

SABRY JEN, LLC
3025 NW 25TH AVENUE
POMPANO BEACH, FL 33069

SUBJECT: SABRY JEN, LLC
REF: L02000004265

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

FAX Aud. #: H03000318792
Letter Number: 003A00062338

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Florida Department of State
Division of Corporations
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From:
Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954)527-2428
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LIMITED LIABILITY REINSTATEMENT

SABRY JEN, LLC

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