

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10-1-04  
300-w

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 MAR 23 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000006599

1. Limited Liability Company's Name

SEVEN GROUP, LLC

800095254628  
03/29/07--01060--004 \*\*300.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 3900 NW 79TH AVE  
3. Mailing Office Address 2701 1/2 W TEMPLE ST

Suite, Apt. #, etc.  
# 445

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
LOS ANGELES CA

Zip  
33166

Country  
USA

Zip  
90026

Country  
USA

4. State/Country of Formation  
FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida 4-1-2002

6. FFL Number  
753028084

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  
CARLOS LINARES

Street Address (P.O. Box Number is Not Acceptable)  
3900 NW 79TH AVE

Suite, Apt. #, Etc.  
# 445

City  
MIAMI

State  
FL

Zip Code  
33166

☐ 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

REGISTERED AGENT MUST SIGN

Date 3-5-07

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	CARLOS LINARES	3900 NW 79TH AVE	MIAMI FL 33166
MGRM	PEDRO LINARES	11020 TIARA ST	N HOLLYWOOD CA 91601
MGRM	ISRAEL SANDOVAL	8946 MADISON AVE	SOUTH GATE CA 90280
MGRM	CARLOS SANDOVAL	270 S BROOK SIDE AVE	FREEPORT NY 11520

REINSTATEMENT 04-07

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 3-5-07

Daytime Phone # 213-389-6981

Typed or printed name of signing Managing Member/Manager CARLOS LINARES