DOOD 3033 FORM.

COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 15 AN 8:00

SECRETARY OF STATE [ALLAHASSEE, FLORIDA

DOCUMENT #	L02000012032
------------	--------------

1. Limited Liability Company's Name

S.A.F. GENERAL SERVICES, LLC

Typed or printed name of signing Managing Member/Manager <u>LUIS E. BIGANZOLI</u>

Seat 1						
	·		i :			
2. Principal Office Address	3. Mailing Office Add	iress	•		_	
6975 W. 16 STREET	6975 W. 1	6 STREET	4. State/Coun	try of Formation		
Suite, Apt. #; etc.	Suite, Apt. #, etc.	W 3: **			FLORIDA	
114	114			iized or Qualifie ness in Florida	^d 05/15/200	2
City & State	City & State		6. FEI Numbe		I lan	oplied For
HIALEAH, FL	HIALEAH	1, FL	G. PELNUMBE	" 45-0 ₋	178081	ot Applicable
33014 Country U.S.A.	33014	U.S.A.	7. CERTIFICATE	OF STATUS DES	SIRED S5.00 Additional for a Certifical	
	8. Name an	d Address of Current Regis	tered Agent			1997 20 1 1 4
Name LUIS E. BIG	GANZOLI		=	0002	3831203	
Street Address (P.O. Box Number is			1971	5/03 01	.084088**1 8	4 .00
6975 W. 16	STREET					
Suite, Apt. #, Etc.				**		
City			·		Code	-
HIALEAH				FL 3	3014	
9. I, being appointed the registered agent of the a	bove named limited liability	company, am familiar with a	nd accept the obligat	ions of Chapter	608, F.S.	
Signature of	<u>~</u>			. 1.	2 hulos	
Registered Agent	REGISTERED AGENT MU	IST SIGN		Date /C	0/04/03.	I 8
10. Names and Street Addresses of Managing N	Nembers/Managers					
Name of	Name of Street Address of Ea					
Managing Members/ Man		Managing Member/Ma	inager			
MGRM LÚIS E. BIGANZOLI	6975	5 W. 16 STREET		HIALEAH, FL 33014		
					<u> </u>	
Hardwidt 1						
	j			<u>}</u> .		
		F-19-19-19-19-19-19-19-19-19-19-19-19-19-	(* 7 H 7 E	20 PT 17 18 BT	T AS	-
rifer . The state of the state		لأنفضدن	JMIE	i Liu	<u> </u>	.
					dac	
				ļ		<u> </u>
11. I certify that I am managing member/manage	or or the receiver or trustee	empowered to execute this a	pplication as provide	d for in chapter	608, F.S. I further certify t	hat when
filing this reinstatement application the reason all fees owed by the limited liability company r	for dissolution pa s been eli	minated, the limited liability co	mpany name satisfie	is the requireme	ents of section 608.406, F.S	., and that
as if made under cath.	M		, ,		,	
Signature of Manager 2	full	Date /	0/04/031	Davtime Phone i	* 305-821-3239	i i