

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000020266

1. Limited Liability Company's Name

Omar Properties, LLC

2. Principal Office Address - No P.O. Box #
2065 East Lake Road

Suite, Apt. #, etc.

City & State
Atlanta, GA

Zip
30307

Country
U.S.

3. Mailing Office Address
PO Box 1888

Suite, Apt. #, etc.

City & State
West Palm Beach

Zip
33402

Country
U.S.

4. State/Country of Formation
FL/Palm Beach

5. Date Organized or Qualified
To Do Business in Florida **08/08/2002**

6. FEI Number
611424624

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
Sader, Robert L

Street Address (P.O. Box Number is Not Acceptable)
1901 W. Cypress Creek Road

Suite, Apt. #, Etc.
415

City
Fort Lauderdale,

State
FL

Zip Code
33309

☒ 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

Robert L Sader

REGISTERED AGENT MUST SIGN

Date **12/12/07**

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	Villari, William J	2065 East Lake Rd.	Atlanta, GA 30307

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12/24/07--01039--002 **200.00

REINSTATEMENT 04-07 GA

12/20

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

William J Villari

Date **12/11/07**

Daytime Phone # **404-512-2455**

Typed or printed name of signing Managing Member/Manager

William J Villari