

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 25 PM 1:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000030861

Name and Mailing Address

0017647 01 FP 0.352 **PRSRT T4 0 0615 33647

SANIA PROPERTIES,LLC
18116 ASHTON PKWY
TAMPA FL 33647



11/25 2003

2. New Mailing Address

City, State, Zip

Principal Place of Business

18116 ASHTON PKWY
TAMPA FL 33647

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/18/2002

6. FEI Number

82-0584787

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

MUNIR, MOHAMMAD
18116 ASHTON PKWY
TAMPA FL 33647

9. Name and Address of New Registered Agent

Name

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

400024186514

10/28/03--01010--013 **150.00

City

FL

Zip Code

10. 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

10-18-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MUNIR, MOHAMMAD	18116 ASHTON PKWY	TAMPA FL 33647

REINSTATEMENT 2003

12. 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

SIGNATURE REQUIRED

Date

10-18-03

Daytime Phone #

813.973.2137

Typed or printed name of signing Managing Member/Manager