

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000031470

1. Limited Liability Company's Name

Son of Sandlar LLC

2. Principal Office Address - No P.O. Box #

500 NE 8th Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33301-1214

Country

USA

3. Mailing Office Address

500 NE 8th Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33301-1214

Country

USA

8. Name and Address of Current Registered Agent

Name

Arik Helman

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

500 NE 8th Ave

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33301-1214

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 10/29/08

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	Arik Helman	500 NE 8th Ave	Ft Lauderdale, FL 33301

REINSTATEMENT 05-08

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

10/29/08

Daytime Phone #

954 729-1147

Typed or printed name of signing Managing Member/Manager

ARIK Helman

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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