PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT CIMITED LIABILITY FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations						FILED 08 NOV -7 PM 3: 20 SECRETARY OF STATE	
DOCUMENT # L02000031470 1. Limited Liability Company's Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Son of Sandlar LLC						500137574685 11/03/0801057004 **550.00 cr2604 (1008)	
2. Princi	pal Office Add	ress - No P.O. Box #	3. Mailing Office Add	ng Office Address		Crees (1000)	
500 NE	8th Ave		500 NE 8th Ave			4. State/Country of Formation	
Suite, Apt. #, etc			Suite, Apt. #, etc.			Florida	
		· · · · · · · · · · · · · · · · · · ·				5, Date Organized or Qualified To Do Business in Florida 11/02/2002	
City & Stat		El	City & State	5 1	}	6. FEI Number Applied For	
Fort Lauderdale, FL				Fort Lauderdale, FL		03-0523367 Not Applicable	
žip 33301-	1214	Country USA	Zip 33301-1214	Country USA		CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
		8. Name and Address	of Current Registered Ag	ont			
Name Arik Helman						☑ A \$100 reinstatement fee is imposed, except	
Street Address (P.O. Box Number is Not Acceptable)						in circumstances which the entity did not receive the prior notices. By checking this	
	8th Ave					box, you are certifying the prior notices were	
Suite, Apr. #, Etc.					not received and requesting the \$100		
City State Zip Code Fort Lauderdale / FL 33301-1214						reinstatement be waived.	
9. I, being Signature of Registered	of	Ar	pove named whited liability		and a	Date 10 / 29 / 05	
10. Name	es and Street /	Addresses of Managing Mi	embers/Managers				
Titles		Name of Street Address of E. Managing Members/Managers Managing Member/Ma				er City / State / Zip	
MGRM	GRM Arik Helman			E 8th Ave		Ft Lauderdale, FL 33301	
REINSTATEMENT 05-08							
11. I certify	that I am mar	laging member/manager of the application the reason for	or the receiver or trustee em	apowered to execute this a	applica	ation as provided for in chapter 608, F.S. I further certify that when by name satisfies the requirements of section 608 406, F.S., and that	
as if m	ade under oat	mited liability coppany hav	re been paid the information	n indicated on this applica	tion is t	y name satisfies the requirements of section 608 406, F.S., and that true and accurate, and my signature shall have the same legal effect	
Signature of fanaging M	ember/Manag	er TU	A 11	Date_	101	1 9 Stayume Phone# 954779-114-	
yped or prin	nted name of s	igning Managing Member	/Manager/_KK	TELM	Prod		