L02000031470

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PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Oct 29, 2003 8:00 A.M.
Secretary of State

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000031470

MJH

10/29 2002

1. Limited Liability Company's Name

SON OF SANDLAR, LLC

2. Principal Office Address		3. Mailing Office Address	
1732 E. PRESIDENT ST		1732 E. PRESIDENT ST	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: SAVANNAH GA		City & State: SAVANNAH GA	
Zip: 31404-1018	Country	Zip: 31404-1018	Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/22/2002

6. FEI Number: 03-0523367 ☐ 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: HELMAN, ARIK

Street Address (P.O. Box Number is Not Acceptable): 1149 SW 44TH WAY

Suite, Apt. #, Etc.

City: DEERFIELD BEACH State: FL Zip Code: 33442

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: [signature] Date: ______

REGISTERED AGENT MUST SIGN

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	HELMAN, ARIK	1149 SW 44TH WAY	DEERFIELD BEACH FL
		REINSTATEMENT	2003

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 the 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 effe as if made under oath.

Signature of Managing Member/Manager: [signature] Date: 10/24/03 Daytime Phone #: (912) 925-105(

Typed or printed name of signing Managing Member/Manager: ARIK HELMAN

Florida Department of State
Division of Corporations
Public Access System

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Fax Number : (850)205-0383

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LIMITED LIABILITY REINSTATEMENT

SON OF SANDLAR, LLC

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