

LO2000034033

\$200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 22 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #LO2000034033

1. Limited Liability Company's Name

SBS INTEGRATION LLC

100036524341
05/17/04--01083--001 **200.00

2. Principal Office Address

20 ISLAND Ave

Suite, Apt. #, etc.

1004

City & State

MIAMI BEACH

Zip

33139

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

4. State/Country of Formation

FLORIDA - DADE

5. Date Organized or Qualified
To Do Business in Florida

12/18/2002

6. FEI Number

75-3106044

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

NENAD Popovic

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

20 ISLAND Ave

Suite, Apt. #, etc.

#1004

City

MIAMI BEACH

State

FL

Zip Code

33139

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

Popovic

REGISTERED AGENT MUST SIGN

Date 6/16/2004

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
MR	NENAD Popovic	20 ISLAND Ave #1004	MIAMI BEACH FL 33139

REINSTATEMENT

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

Popovic

Date 6/16/2004

Daytime Phone # 305-606-2725

Typed or printed name of signing Managing Member/Manager NENAD Popovic

CR2E041 (10/02)