

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAR -8 PM 4: 58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 602000035158

1. Limited Liability Company's Name

SANDORM, LLC

500031055795  
03/24/04--01018--021 \*\*200.00

2. Principal Office Address

17925 HAMPSHIRE LANE

3. Mailing Office Address

17925 HAMPSHIRE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33498

Country

USA

Zip

33498

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/27/02

6. FEI Number

57-1141497

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

NORMAN PICKELNY

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

17925 HAMPSHIRE LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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

Norman Pickelny

REGISTERED AGENT MUST SIGN

Date 3/3/04

**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
MGR	NORMAN PICKELNY	17925 HAMPSHIRE LANE	BOCA RATON FL 33498

**REINSTATEMENT 2003-2004**

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

Norman Pickelny

Date

3/3/04

Daytime Phone #

561-218-0012

Typed or printed name of signing Managing Member/Manager