

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 29 AM 10:27

DOCUMENT # L03000004583

1. Limited Liability Company's Name

S&H, LLC 2004 and 2005

2. Principal Office Address

1844 N. Dixie Highway

Suite, Apt. #, etc.

n/a

City & State

Fort Lauderdale

Zip

33305

Country

USA

3. Mailing Office Address

1844 N. Dixie Highway

Suite, Apt. #, etc.

n/a

City & State

Florida

Zip

33305

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

2/06/2003

6. FEI Number

02-0672838

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

Pamela Hollingsworth

500061747215

11/29/05--01028--018 **50.00

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

1844 N. Dixie Highway

500061747215

11/29/05--01028--017 **50.00

Suite, Apt. #, Etc.

n/a

City

Fort lauderdale

State

FL

Zip Code

33305

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

Pamela Hollingsworth
REGISTERED AGENT MUST SIGN

Date 11/11/05

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
MRG	Pamela Hollingsworth	1844 N. Dixie Hwy.	Ft. Lauderdale, FL 33305
MRG	Harvinder Kaur	10642 Maple Chase Dr.	Boca Raton, FL 33498
MRG	Leslie Hollingsworth	1844 N. Dixie Hwy.	Ft. Lauderdale, FL 33305
MRG	Avtar Singh	10642 Maple Chase Dr.	Boca Raton, FL 33498

REINSTATEMENT 04-05

500061747215

11/29/05--01028--019 **100.00

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

Pamela Hollingsworth

Date 11/11/05

Daytime Phone #

954-564-1773

Typed or printed name of signing Managing Member/Manager