

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
#250.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 26 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000011896

1. Limited Liability Company's Name

SOUTH GROUP ENTERPRISES LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
5526 N.W.112Path

Suite, Apt. #, etc.

3. Mailing Office Address
1000 Brickell Ave.

Suite, Apt. #, etc.

Suite 1200

City & State

Doral, FL.

City & State

Miami, FL.

Zip

33178

Country

U.S.A.

Zip

33126

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

04/02/2003

6. FEI Number

84-1622585

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

Francisco Hevia Robledo

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

5526 N.W.112Path

Suite, Apt. #, Etc.

City

Doral

State

FL

Zip Code

33178

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

[Handwritten signature]

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

REGISTERED AGENT MUST SIGN

Date

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	Francisco Hevia Robledo	5526 N.W.112Path	Doral, FL. 33178
MGRM	Ivette Sahmkow de Hevia	5526 N.W.112Path	Doral, FL. 33178
		600089978966 03/01/07--01048--015 **250.00	
		REINSTATEMENT	05-07

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

Date **2/21/2007**

Daytime Phone # **305-905-2673**

Typed or printed name of signing Managing Member/Manager