

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 JUN 27 AM 9:43

DOCUMENT # L03000022351

1. Limited Liability Company's Name

SABRINA, LLC

2. Principal Office Address

5062 NW 125TH AVE.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33076

Country

USA

3. Mailing Office Address

1997 CROWBERRY DR

Suite, Apt. #, etc.

% HOWARD HEAD

City & State

PORT ST. LUCIE

Zip

34983

Country

USA

4. State/Country of Formation

FLORIDA/PALM BEACH

5. Date Organized or Qualified  
To Do Business in Florida

6-18-2003

6. FEI Number

55-0890396

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

HOWARD A. HEAD

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

1997 CROWBERRY DR.

Suite, Apt. #, Etc.

City

PORT SAINT LUCIE

State

FL

Zip Code

34983

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 6-24-05

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 MEMBER	HOWARD HEAD	1997 CROWBERRY DR	Port St. Lucie, FL 34983
MGRM MEMBER	ASHIQ ALI	5062 NW 125TH AVE	CORAL SPRINGS, FL 33076

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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

*[Signature]*

Date 6-24-05

Daytime Phone # 772 336-3059

Typed or printed name of signing Managing Member/Manager

HOWARD A. HEAD