

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 18 AM 11:34

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000024136

1. Limited Liability Company's Name

SAMPSON LLC

2. Principal Office Address

5900 Collins Ave

Suite, Apt. #, etc.

Apt. 2206

City & State

Miami Beach, FL

Zip

33140

Country

3. Mailing Office Address

5900 Collins Ave

Suite, Apt. #, etc.

Apt. 2206

City & State

Miami Beach, FL

Zip

33140

Country

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

06/26/03

6. FEI Number

01-0790375

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

Bogatin, Gary

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

5900 Collins Ave

Suite, Apt. #, Etc.

Apt. 2206

City

Miami Beach

State

FL

Zip Code

33140

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

*Gary Bogatin*

Date 7/10/06

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	Bogatin, Gary	5900 Collins Ave, Apt. 2206	Miami Beach, FL 33140
MGRM	Kholodovsky, Anatoly	50 Shore Blvd, Apt. 6F	Brooklyn, NY 11235

900078270429

03/03/06 01023-005 \*\*255.00

REINSTATEMENT 04-06

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

*Anatoly Kholodovsky*

Date 7/10/06

Daytime Phone #

(718) 891-8900

Typed or printed name of signing Managing Member/Manager

Kholodovsky, Anatoly