

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -4 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100179455011
04/30/10--01056--008 **\$16.25

CR2E041 (11/09)

DOCUMENT #L03000044966

1. Limited Liability Company's Name

South Florida Investors Group, LLC

2. Principal Office Address - No P.O. Box #

7051 S.W. 4th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33144

Country

USA

3. Mailing Office Address

7051 S.W. 4th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33144

Country

USA

4. State/Country of Formation

Florida / United States

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

11/17/2003

6. FEI Number

141900187

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

Maydel Breton

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

7051 S.W. 4th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

☐ 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.

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

Maydel Breton

REGISTERED AGENT MUST SIGN

Date

4/28/2010

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	Maydel BReton	7051 S.W. 4th Street	Miami, Florida 33144

REINSTATEMENT 08/10

11. E-mail Address: **maydelbreton@hotmail.com**

(To be used for future annual report notifications)

12. 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

Maydel Breton

Date

4/28/10

Daytime Phone #

(786) 344-4230

Typed or printed name of signing Managing Member/Manager **Maydel Breton**