PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2014 JUL -3 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 10-14

DOCUMENT # L04000005331

1. Limited Liability Company's Name

S & V, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
270 CELESTIAL WAY	270 CELESTIAL WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUNO BEACH, FL	City & State: JUNO BEACH, FL
Zip: 33408 Country: USA	Zip: 33408 Country: USA

4. State/Country of Formation: Palm Beach County

5. Date Organized or Qualified To Do Business in Florida: 2004

6. FEI Number: 200625798 ☐ 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: SANDA BEDINGFIELD
Street Address (P.O. Box Number is Not Acceptable): 270 CELESTIAL WAY
Suite, Apt. #, Etc.: JUNO BEACH
City: JUNO BEACH State: FL Zip Code: 33408

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Sanda Bedingfield Date: 6/30/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	SANDA BEDINGFIELD	270 CELESTIAL WAY	JUNO BEACH, FL 33408
MGRM	CAESAR V. MAIATERRA	270 CELESTIAL WAY	JUNO BEACH, FL 33408

11. E-mail Address: SANDABEDINGFIELD@GMAIL.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Sanda Bedingfield Date: 6/30/14 Daytime Phone # (561) 626-9014

Typed or printed name of signing Authorized Representative/Manager: SANDA BEDINGFIELD