

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

06 NOV 27 AM 10:51

DOCUMENT # L04000006188

1. Limited Liability Company's Name

SAM LLC

2. Principal Office Address

2620 W 60 PL

Suite, Apt. #, etc.

3. Mailing Office Address

2620 W 60 PL

Suite, Apt. #, etc.

City & State

HIALEAH FL.

City & State

HIALEAH FL.

Zip

33016

Country

USA

Zip

33016

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

JAN. 23, 2004

6. FEI Number

51-0498508

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
KHAWAJA I AHMED

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

2620 W 60 PL

Suite, Apt. #, Etc.

City
HIALEAH

State
FL

Zip Code
33016

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

Date 11-09-2006

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
PRESIDENT	KHAWAJA I AHMED	2620 W 60 PL	HIALEAH, FL. 33016

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 11-09-2006 Daytime Phone # 786-514-4327

Typed or printed name of signing Managing Member/Manager KHAWAJA I AHMED