

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 26 PM 12:16

DOCUMENT #

1. Limited Liability Company's Name

Sand Lake Unit 6 Investments, LLC

200138232972
11/24/08-01047-002 ***416.25

CR2E041 (10/08)

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

7301 Stonerock Circle

3. Mailing Office Address

7301 Stonerock Circle

Suite, Apt. #, etc.

Ste. 1.

Suite, Apt. #, etc.

Ste. A

City & State

Orlando FL

City & State

Orlando FL

Zip

32819

Country

Orange

Zip

32819

Country

Orange

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

January 30, 2004

6. FEI Number

20-119425

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

M. J. Galceran

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

7301 Stonerock Circle

Suite, Apt. #, Etc.

Ste. 1.

City

Orlando

State

FL

Zip Code

32819

☒ 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

Manuel Galceran

REGISTERED AGENT MUST SIGN

Date

11/20/08

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 |
|--------|--------------------------------------|---|--------------------|
| mm | Manuel Galceran | 7301 Stonerock Circle, Suite 1 | Orlando, FL 32819 |
| mm | Aporra Hernandez | 7301 Stonerock Circle, Suite 1 | Orlando, FL 32819 |
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REINSTATEMENT

200138232972
11/24/08-01047-002 ***416.75

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

Manuel Galceran

Date

11/20/08

Daytime Phone #

407-345-0005

Typed or printed name of signing Managing Member/Manager

M. J. GALCERAN