

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 23 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # 1.04000012178

1. Limited Liability Company's Name

SIMIAN HOLDINGS, LLC

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

7300 N Federal Hwy

Suite, Apt. #, etc.

202

City & State

Boca Raton, FL

Zip

33487

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business In Florida 02/13/2004

6. FEI Number

01-0829041

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

Gilles Jones

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

633 Bunting Dr

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33444

☒ 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

Gilles Jones
REGISTERED AGENT MUST SIGN

Date 03/27/09

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
MEM	Gilles Jones	633 Bunting Dr	Delray Beach, FL 33444

REINSTATEMENT

05-09

DB

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04/01/09--01034--013 **793.75

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

Gilles Jones

Date 03/27/09

Daytime Phone # 561-962-4288

Typed or printed name of signing Managing Member/Manager: Gilles Jones