

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

11 SEP -8 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000017657

W11-43184

1. Limited Liability Company's Name

SARAJOE, LLC

REINSTATEMENT 05-11

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

2950 SW 27th Ave

3. Mailing Office Address

2950 SW 27th Ave

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Miami, FL. 33133

City & State

Miami, FL. 33133

Zip

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ 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

Pablo R. Bared, Esq.

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

2950 SW 27th Ave

Suite, Apt. #, Etc.

100

City

Miami, FL. 33133

State

FL

Zip Code

E-mail Address:

700211065657
08/15/11--01040--010 **1076.25

(To be used for future annual report notices)

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

See attached

Date

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
MGR	Daniel Bassan	2950 SW 27th Ave, #100	Miami, FL. 33133

L. SELLERS

SEP -9 2011

EXAMINER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

8/11/11

Daytime Phone #

3056666010

Typed or printed name of signing Managing Member/Manager

Daniel Bassan mgr.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000017657 1. Limited Liability Company's Name <div style="font-size: 2em; font-weight: bold; text-align: center; padding: 10px;">SARAJOE, LLC</div>			
2. Principal Office Address - No P.O. Box # 2950 SW 27th Ave Suite, Apt. #, etc. 100 City & State Miami, FL 33133 Zip Country		3. Mailing Office Address 2950 SW 27th Ave Suite, Apt. #, etc. 100 City & State Miami, FL 33133 Zip Country	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		7. (b) Additional fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Pablo R. Bared, Esq. Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27th Ave Suite, Apt. #, etc. 100 City Miami, FL 33133		E-mail Address: <div style="border: 1px solid black; padding: 5px; text-align: center;"> (To be used for future annual report notices) </div>	
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 _____ <div style="text-align: center; margin-top: 10px;"> REGISTERED AGENT MUST SIGN </div>			
10. Names and Street Addresses of Managing Members/Managers			
Type	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Daniel Bassan	2950 SW 27th Ave, #100	Miami, FL 33133
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Signature of Managing Member/Manager _____		Date 8/11/11 Daytime Phone # 3056666010	
Typed or printed name of signing Managing Member/Manager Daniel Bassan mgr.			