

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000049818

1. Limited Liability Company's Name

S & P INTERNACIONAL LLC

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

2003 NW 178 WAY

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33029

Country

USA

3. Mailing Office Address

2003 NW 178 WAY

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33029

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **07/02/2004**

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
ROBERTO SARMIENTO

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

2003 NW 178 WAY

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

☒ 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

BK

Date

05/21/07

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
MGRM	ROBERTO SARMIENTO	2003 NW 178 WAY	PEMBROKE PINES FL 33029
MGRM	ESTER SARMIENTO	2003 NW 178 WAY	PEMBROKE PINES FL 33029
MGRM	MIGUEL RODRIGUEZ	2003 NW 178 WAY	PEMBROKE PINES FL 33029

REINSTATEMENT 2005-2007

601103591358
05/21/07--01010--005 **150.00

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

05/21/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager