


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DIVISION OF CORPORATION

10 MAY -5 AM 10:43

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000050550

1. Limited Liability Company's Name

SANLANDO GROUP, LLC

400180262584
05/04/10--01044--005 **555.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 1843 MONTGOMERY HWY Suite, Apt. #, etc. STE 107 City & State HOOVER AL Zip 35244		3. Mailing Office Address 206 EAGLE COVE LN Suite, Apt. #, etc. City & State PELHAM AL Zip 35124	
Country USA		Country USA	

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
07-07-2004

6. FEI Number
20-1512642

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

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 Danny Verdecchia Date 4/26/10
 Danny Verdecchia, Jr. Assistant Secretary **AGENT MUST SIGN**

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	EDWARD X CUI	206 EAGLE COVE LN	PELHAM AL 35124-2224
MGR	XIAOLEI F CUI	206 EAGLE COVE LN	PELHAM AL 35124-2224

REINSTATEMENT 2007-10 SBH

11. E-mail Address: edcui@gmail.com
(To be used for future annual report notifications)

12. 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 Edward Cui Date 4/29/10 Daytime Phone # 205-563-1516

Typed or printed name of signing Managing Member/Manager Edward Cui