

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000050729

1. Limited Liability Company's Name

Sabater Apartments, LLC

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

118 Zamora Avenue

Suite, Apt. #, etc.

205

City & State

Coral Gables, FL

Zip

33134

Country

US

3. Mailing Office Address

118 Zamora Avenue

Suite, Apt. #, etc.

205

City & State

Coral Gables, FL

Zip

33134

Country

US

8. Name and Address of Current Registered Agent

Name

Carlos Sabater

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

118 Zamora Avenue

Apt. #, Etc.

205

City

Coral Gables

State

FL

Zip Code

33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **12/17/15**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Carlos Sabater	118 Zamora Avenue #205	Coral Gables, FL 33134

REINSTATEMENT

2015

11. E-mail Address: **carlossabater1@bellsouth.net**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

12/15/17

Daytime Phone #

786-801-0910

Typed or printed name of signing authorized representative/member

Carlos Sabater

FILED

15 DEC 22 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/0704

6. FEI Number

20-8862034

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

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