## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCU!  1. Entity Name SABARA,	9	# L040000566	525					SEU SIVISIO <b>05</b> DE	(C 30 )	01 STAI 01 STAI 11 9: 48	E C//s	
Principal Place		S	Mailing Address						,	111 3: 48		
2255 GLADE	S ROAD		2255 GLADES ROAD									
218A BOCA RATON, FL 33431			218A Boca Raton, Fl. 33431			O.I		e e u e				
2. Principal Place of Business			3. Mailing Address				A					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			Vic	10182005 REIN-LLC CR2E101 (6/04)					
City & State			City & State			4	FEI Numbe	rr		n No	pplied For ot Applicable	
Zip		Country	Zip	Coun	try	5.	Certificate	of Status Desire	d 🛄	\$5.00 Add Fee Require		
	6. Name	and Address of Current F	legistered Agent		<u> </u>	7.	Name and	Address of Ne	w Registere	d Agent		
HAND! ER	-HENRY	R	· -		Name		-	· <b>-</b>				
HANDLER, HENRY B 2255 GLADES ROAD 218A					Street Address (P.O. Box Number is Not Acceptable)							
BOCA RAT	TON, FL	33431			City	······································		**		Zlp Cod	a	
										<b>L</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE .	Signature, typed	or printed name of registered egent a	nd title if applicable. (NOTE	- Flegister	ed Agent elgnetu	are required wh	han salmatating)		DAT	E		
After January 1, 2006, Fee will be \$100.00				with s. 607.193(2)(b), F.S., t iny did not receive the prior n			tice. Floride Department of State					
9.		MANAGING MEMBE	<del></del>	10.	············			ADDITIC	NS/CHANG			
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