PLEASE READ ALL INSTRUCTIONS BEAGRE COMPLETING THIS FORM.

		1 2
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SION OF CORP
DOCUMENT # LO4000 57282		OR STATE
1. Limited Liability Company's Name		2 An
SÉP VENTURES ILC		1 . F. F.
SÉP VENTURES, LLC 10567 SW 67 AVE		M_{\perp}
MI AMI, FL 33156		
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	CR2E041 (11/09)
10567 SW 67 AVE	10567 SW 67 AVE	State/Country of Formation
Suite, Apt. #, etc	Suite. Apt #, etc.	FLORIDA
		5. Date Organized or Qualified S
City & Spare MIAMI FL	City & State	7//07
	MIAMI, FC	6 FE) Number Applied For Not Applicable
Zip 33156 MIAM-DADE	33156 HIAMI DADE	1
8. Name and Address of	Current Registered Agent	
Name KICHAMO D (OTHARIUS 10)	☐ A \$100 reinstatement fee is imposed, except
		in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable) 7750 MINDELLO 57		receive the prior notices. By checking this box, you are certifying the prior notices were
Suite, Apt. #, Etc.	V 1	not received and requesting the \$100
City	State Zip Code	reinstatement be waived.
City OORAL GABLES	FL 33/ 4 3	
9. I, being appointed the registered agent of the Apoyle named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.		
Signature of 5/5/10		
Registered Agent Rec	GISTERED AGENT MUST SIGN	Date
10. Names and Street Addresses of Managing Mem	bers/Managers	
Titles Name of Managing Members/ Manager	Street Address of Each rs Managing Member/Mana	ger City / State / Zip
MGR PEDER JACOR	SSON 10567 SW 67	AVE MIAMI, FL33156
MGRM SHANNON JACO	1BSON 10567 SU67.	
REINSTATEME	NT 2007-2010	
		100160667941 . 05/11/100106-006 *#660.06
11. E-mail Address: KLOTHAR (US (W IX, NETCOM, COM)		
(To be used for future annual report notifications) 12. I certify that I am managing member manager or the receiver of trustee employered to execute this application as provided for in Chapter 808, F.S. I further certify that when filling this reinstatement application fire reason to 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 of licated 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	7/1	10 Daytime Phone # 3056652681
Typed or printed name of signing Manadins Member/M	Manager	