L08000044011

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From:
Account Name : LAMONT & NEIMAN, P.A.
Account Number : I20000000051
Phone : (305)530-9400
Fax Number : (305)530-9409

LIMITED LIABILITY REINSTATEMENT

SVS HOLDINGS, LLC

Certificate of Status	1
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Page Count	03
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T. HAMPTON
FEB 14 2008
EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # L04000064011

1. Limited Liability Company's Name
SVS HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3535 SOUTH OCEAN DRIVE	3535 SOUTH OCEAN DRIVE
Suite, Apt. #, etc. SUITE 2206	Suite, Apt. #, etc. SUITE 2206
City & State HOLLYWOOD BEACH, FLORIDA	City & State HOLLYWOOD BEACH, FLORIDA
Zip 33019 / County	Zip 33019 / County

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 08/27/2004

6. FEI Number: ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: LAMONT NEIMAN INTERIAN & BELLET, P.A.
Street Address (P.O. Box Number is Not Acceptable): 2 SOUTH BISCAYNE BOULEVARD
Suite, Apt. #, etc.: SUITE 3550
City: MIAMI State: FL Zip Code: 33131

☐ 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 hereby appointed the registered agent of the above named limited liability company, acknowledge with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MARIA A. MINIO	3535 SOUTH OCEAN DR., STE 2206	HOLLYWOOD BEACH FL 33019

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 608.408, F.S., and that all taxes 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: Maria Angela Minio Date: 2/12/08 Daytime Phone #: 0348721450

Typed or printed name of signing Member/Manager: MARIA A. MINIO

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REINSTATEMENT 2006-2008