

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 12 AM 10:53

DOCUMENT # L04000071253

1. Limited Liability Company's Name

**SOUTH FLORIDA STEPPERS, LLC**

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

1746 NE MIAMI GARDENS DR

3. Mailing Office Address

14901 SW 74TH AVE

Suite, Apt. #, etc.

SUITE 319

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33179

Country

USA

Zip

33158

Country

USA

CR2E041 (1/07)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

09/30/2004

6. FEI Number

20-1732119

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

*Beryl Berry*

14901 SW 74th Ave

Suite, Apt. #, Etc.

1

33158

City

Miami

State

FL

☐ 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

*Cheryl Mather Berry*

REGISTERED AGENT MUST SIGN

Date *2/5/07*

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BERRY, JIM	14901 SW 74TH AVE	MIAMI FLORIDA 33158
			500088448185 02/15/07--01040--014 **200.00
			REINSTATEMENT 06-07

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 608.406, 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

*Jim Berry*

Date *02/04/07*

Daytime Phone # *(305) 259-6217*

Typed or printed name of signing Managing Member/Manager

JIM BERRY