

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -2 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000085571

1. Limited Liability Company's Name

S & A ENTERPRISES OF IMMOKALEE, LLC.

CR2E041 (8/05)

2. Principal Office Address

114 New Market Road

Suite, Apt. #, etc.

City & State

Immokalee, Florida

Zip

34142

Country

USA

3. Mailing Office Address

114 New Market Road

Suite, Apt. #, etc.

City & State

Immokalee, Florida

Zip

34142

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

November 24, 2004

6. FEI Number

75-3183664

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

Name

Juan Acevedo

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

4700 St. Croix Lane

Suite, Apt. #, Etc.

Apt. 318

City

Naples

State

FL

Zip Code

34108

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

Juan Acevedo

REGISTERED AGENT MUST SIGN

Date

10/30/06

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 | Juan Acevedo | 4700 St. Croix Lane, Apt. 318 | Naples, FL 34108 |
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REINSTATEMENT 2005, 2006

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

Juan Acevedo

Date

10/30/06

Daytime Phone #

954 553-4366

Typed or printed name of signing Managing Member/Manager

Juan Acevedo