

FD08000101408 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 JUN 27 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000086786

1. Limited Liability Company's Name

SGE International Group LLC

CR2E041 (12/07)

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

765 Crandon Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

411

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

City & State

Zip

33149

Country

USA

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

12/01/04

6. FEI Number

721589685

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ YES

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael Sampayo

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

765 Crandon Blvd

Suite, Apt. #, Etc.

#411

City

Key Biscayne

State

FL

Zip Code

33149

☐ 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

Michael Sampayo

REGISTERED AGENT MUST SIGN

Date 06/27/08

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Michael Sampayo	765 Crandon Blvd # 411	Key Biscayne, FL 33149

REINSTATEMENT

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 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

Michael Sampayo

Date 06/27/08

Daytime Phone # 305-467-2792

Typed or printed name of signing Managing Member/Manager

Michael Sampayo

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT**SGE INTERNATIONAL GROUP LLC**

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