

L04000087858

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT -6 PM 3:15
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Sanguet Management of
Florida LLC

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

8224 New 115 Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

8224 New 115 Ct.

Suite, Apt. #, etc.

City & State

Doral FL

City & State

Doral FL

Zip

33178

Country

Doce

Zip

33178

Country

Doce.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Norieida Santana

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

8224 New 115 Ct.

Suite, Apt. #, Etc.

City

Doral

State

FL

Zip Code

33178

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-3-08

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
MEM	Francisco Santana	8224 New 115 Ct	Doral FL 33178
MEM	Norieida Santana	8224 New 115 Ct.	Doral FL 33178

REINSTATEMENT 2007-2008

200136891852
10/14/08-01004--015 **277.50

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

[Signature]

Date 10-3-08

Daytime Phone# (305) 205-5908

Typed or printed name of signing Managing Member/Manager Norieida Santana