

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

06 MAY 26 AM 9:51

DOCUMENT #

LD 5000007009

1. Limited Liability Company's Name

SANTANI I, LLC

800075895778
06/07/06--01003--004 **150.00

CR2E041 (8/05)

2. Principal Office Address

220 Alhambra Circle

Suite, Apt. #, etc.

810

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

4775 Collins Avenue

Suite, Apt. #, etc.

4305

City & State

Miami Beach, FL

Zip

33140

Country

USA

4. State/Country of Formation

FL / United States

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

Anuar Charfen Pina

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

4775 Collins Ave

Suite, Apt. #, Etc.

4305

City

Miami Beach

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date May 22, 2006

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
Mr.	Anuar Charfen Pina	4775 Collins Ave 4305	Miami Beach FL 33140
Mr.	Anuar Charfen Naimun	4775 Collins Ave. 4305	Miami Beach FL 33140

REINSTATEMENT

2006

for RA

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

Date May 22, 2006 Daytime Phone # 305 491-0432

Typed or printed name of signing Managing Member/Manager