

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT 15 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L05000029346

1. Limited Liability Company's Name

SHEEBA INTERNATIONAL, LLC

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

2211 NW 55TH COURT

Suite, Apt. #, etc.

HANGAR #12

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

BROWARD

3. Mailing Office Address

2211 NW 55TH COURT

Suite, Apt. #, etc.

HANGAR #12

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

BROWARD

4. State/Country of Formation

FT. LAUDERDALE, FL

5. Date Organized or Qualified

To Do Business in Florida **03/23/2005**

6. FEI Number

202556804

☐ 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

THOMAS R. RANSON

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

11867 SILVER OAK DR

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33330

☐ 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

REGISTERED AGENT MUST SIGN

Date **OCT 8th 2008**

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
MGR	THOMAS R. RANSON	11867 SILVER OAK DR	DAVIE, FL 33330

200136806892
10/10/08--01022--002 **382.50

REINSTATEMENT 07-08

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

10-8-08

Daytime Phone #

954-240-8316

Typed or printed name of signing Managing Member/Manager