

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 21 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO5000055791**

1. Limited Liability Company's Name

SILA, L.L.C.

W08000005460

03/21/08--01003--013 **50.00
600117969056
03/21/08--01003--013 **50.00
CR2E04 (12/07)

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

10800 BISCAYNE BLVD

Suite, Apt. #, etc.

925

City & State

MIAMI / FLORIDA

Zip

33161

Country

USA

3. Mailing Office Address

10800 BISCAYNE BLVD

Suite, Apt. #, etc.

925

City & State

MIAMI / FLORIDA

Zip

33161

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

06.06.2005

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

ADRIANA BRIER

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

10800 BISCAYNE BLVD

Suite, Apt. #, Etc.

925

City

MIAMI

State

FL

Zip Code

33161

☒ 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

Adriana Brier

Date

1/23/08

REGISTERED AGENT MUST SIGN

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
MGL	ALEXEY KASHIRIN	3340, 190th st, app. 405	AVONUTURA / FL / 33180
MGL	ANASTASIA YUSINA	3340, 190th st, app. 405	AVONUTURA / FL / 33180
	L. SELLERS		
	MAR 25 2008		
	EXAMINER	REINSTATEMENT	Act 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

ANASTASIA YUSINA / ALEXEY KASHIRIN

Date

1/23/08

Daytime Phone #

79039606642

Typed or printed name of signing Managing Member/Manager