

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAY -2 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/11)

DOCUMENT # **L05000067322**

1. Limited Liability Company's Name

SW 4TH LLC

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

13340 WEST COLONIAL DR

Suite, Apt. #, etc.

220

City & State

WINTER GARDEN FL

Zip

34787

Country

USA

3. Mailing Office Address

P.O. BOX 141876

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33114

Country

USA

8. Name and Address of Current Registered Agent

Name

TOM BERNIER

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

13340 WEST COLONIAL DR

Suite, Apt. #, Etc.

220

City

WINTER GARDEN

State

FL

Zip Code

34787

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

3-30-11

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
man member	Mark Siegenthaler	5800 NW 72nd way	Parkland, FL 33067
man member	Serafin Sousa	PO Box 141876 Coral Gables, Florida 331	Coral Gables, FL 33114
man member	Carlos Sousa	PO Box 141876	Coral Gables, FL 33114

REINSTATEMENT 11/2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

Date

4-23-11

Daytime Phone #

305 9869115

Typed or printed name of signing Managing Member/Manager