Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

Please Credit 100.00 Thanks Seth

LIMITED LIABILITY REINSTATEMENT

SAR INVESTMENTS, L.L.C.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
08 DEC 18 AM 11:16

CR2E041 (10/08)

DOCUMENT # L05000082146

1. Limited Liability Company's Name
SAR Investments, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1046 Royal Pass Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa	City & State
Zip: 33602 Country: USA	Zip Country

4. State/Country of Formation: Florida / Hillsborough
5. Date Organized or Qualified To Do Business in Florida: 8/19/05
6. FEI Number: Applied For ☐ Not Applicable ☒
7. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name: Sharolyn A. Russell
Street Address (P.O. Box Number is Not Acceptable): 1001 S. Rome Ave
Suite, Apt. #, Etc.: Unit 13
City: Tampa State: FL Zip Code: 33602

☒ 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: _____ Date: 11/25/08
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgm	Sharolyn A. Russell	1046 Royal Pass Rd	Tampa, FL 33602

REINSTATEMENT 07-08 AL

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 608.408, 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: 11/25/08 Daytime Phone #: 813.295.4444

Typed or printed name of signing Managing Member/Manager: Sharolyn A. Russell