2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 OCT -3 AM 8:21
SECRETARY OF STATE
TALLAHASSEE

300136389263
09/26/08--01047--002 **277.50

DOCUMENT # L05000090811

1. Entity Name
SAMPRILI, LLC

Principal Place of Business	Mailing Address
2861 LEONARD DRIVE, #F301 AVENTURA, FL 33160	2861 LEONARD DRIVE, #F301 AVENTURA, FL 33160

04292008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		1640 W. OAKLAND PARK	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE #303	
City & State		City & State FORT LAUDERDALE, FL	
Zip	Country	Zip 33311.	Country USA

4. FEI Number 20-3481965 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADAMS, NATALIE M 1333 NW 87TH AVENUE CORAL SPRINGS, FL 33071	Name NATALIE M. ADAMS Street Address (P.O. Box Number is Not Acceptable) 1640 W. OAKLAND PARK BLVD., #303 City FORT LAUDERDALE FL Zip Code 33311

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] NATALIE M. ADAMS SEPT 15 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALENCIA, OSCAR E 2861 LEONARD DR SUITE F301 AVENTURA, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2007-08	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 9/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

OSCAR E. VALENCIA