


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000091449 1. Entity Name SAINZ DEVELOPMENT LLC					
Principal Place of Business 4625 SW 128 AVE. MIAMI, FL 33175			Mailing Address 4625 SW 128 AVE. MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box # 3779 SW 135 AVE		3. Mailing Address Same			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI FL		City & State 			
Zip 33175		Country 		Zip 	
Country 					
6. Name and Address of Current Registered Agent SIMON, OLGA 4625 SW 128TH AVENUE MIAMI, FL 33175				7. Name and Address of New Registered Agent Name OLGA SIMON Street Address (P.O. Box Number is Not Acceptable) 3779 SW 135 AVE City MIAMI FL Zip Code 33175	
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: <u><i>Olga Simon</i></u> DATE: <u>12/6/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		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 SIMON, OLGA 4625 SW 128 AVE. MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3779 SW 135 AVE MIAMI FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REINEL R. GONZALEZ 3779 SW 135 AVE MIAMI FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500113158555 12/14/07--01047--016 **50.00	
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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: <u><i>Olga Simon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>12/6/07</u> <small>Date</small>		
			<small>Daytime Phone #</small>		

FILED
 07 DEC -7 PM 2:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



12062007 REIN-LLC CR2E101 (1/07)

4. FEI Number
APPLIED FOR ☒ Applied For ☐ Not Applicable

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

REINSTATEMENT

2007