

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 12 AM 11:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

300150941693
04/17/09--01004--026 **238.75

CR2E041 (10/08)

DOCUMENT # L05000099586

1. Limited Liability Company's Name

SIAN 15 H, LLC

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

16425 COLLINS AVE.

Suite, Apt. #, etc.

SUITE 2916

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

UNITED STATES

3. Mailing Office Address

16425 COLLINS AVE.

Suite, Apt. #, etc.

SUITE 2916

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

UNITED STATES

4. State/Country of Formation

FLORIDA / UNITED STATES OF AMERICA

5. Date Organized or Qualified

To Do Business in Florida 10/10/2005

6. FEI Number

203529134

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
GREG LANDAU

Street Address (P.O. Box Number is Not Acceptable)
16425 Collins Ave.

Suite, Apt. #, Etc.
SUITE 2916

City
SUNNY ISLES BEACH

State
FL

Zip Code
33160

☐ 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 4/14/2009

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
MGR	GREG LANDAU	16425 Collins Ave.	SUNNY ISLES BEACH, FL 33160

REINSTATEMENT

07-09

300150941693
05/08/09--01020--013 **277.50

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

Date 4/14/2009

Daytime Phone # (305)785-0088

Typed or printed name of signing Managing Member/Manager GREG LANDAU