

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L05000112725

1. Limited Liability Company's Name
S & Z, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 309 Miracle Strip Pkwy		3. Mailing Office Address (same)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Walton Beach, FL		City & State (same)	
Zip 32548	Country Okaloosa	Zip 32548	Country USA

4. State/Country of Formation Florida / Okaloosa	
5. Date Organized or Qualified To Do Business in Florida 11/15/2005	
6. FEI Number 2013874108	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Shun Zhu ZHENG		
Street Address (P.O. Box Number is Not Acceptable) 309 Miracle Strip Parkway		
Suite, Apt. #, Etc. .		
City Fort Walton Beach	State FL	Zip Code 32548

☐ 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 16 June 2008
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
MGRM	ZHENG, Shun Zhu	309 Miracle Strip Parkway	Fort Walton Beach, FL 32548
MGRM	ZHENG, Shun Ying	309 Miracle Strip Parkway	Fort Walton Beach, FL 32548

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REINSTATEMENT 2006-08

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 6/16/08 Daytime Phone# 850/833-3026

Typed or printed name of signing Managing Member/Manager Shun Zhu Zheng, MGRM