

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000014660

1. Limited Liability Company's Name

HS SEVAN INVESTMENTS, LLC  
6159 NW 32ND AVENUE  
BOCA RATON, FL 33496

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

6159 NW 32ND AVENUE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33496

Country

USA

3. Mailing Office Address

6159 NW 32ND AVENUE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33496

Country

USA

8. Name and Address of Current Registered Agent

Name

JOHN KOCHKERIAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable) Suite,

40231 LAKE VISTA COURT

Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33076

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	HAROUT SAMRA	6159 NW 32ND AVENUE	BOCA RATON, FL 33496

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

2/8/2016

Daytime Phone #

954-818-9795

Typed or printed name of signing authorized representative/member

JOHN KOCHKERIAN

**REINSTATEMENT**  
CRS2007(114)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 2/9/2006

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

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02/16/16--01024--016 \*\*1210.00

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FILED  
CLERK OF COURT  
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