

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV 21 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500254109085
11/21/13--01025--009 **793.75

CR2E041 (1/11)

DOCUMENT #

Limited Liability Company's Name
WHITE SANDS LLC DOCUMENT# L06000078676

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

1388 SE 9TH COURT

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33010

Country

USA

3. Mailing Office Address

1388 SE 9TH COURT

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33010

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

08/09/06

6. FEI Number

205552428

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

JENNIFER GOLDBERG

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

1388 SE 9TH COURT

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

E-mail Address:

GOLDBERGJENNY@GMAIL.COM

(To be used for future annual report notices)

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 **11/19/2013**

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
MGMR	DANIEL ARSHAM	1388 SE 9TH COURT	HIALEAH, FL 33010
MGMR	JENNIFER GOLDBERG	1388 SE 9TH COURT	HIALEAH, FLORIDA 33010

REINSTATEMENT

NOV 21 2013

R. HUNT

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. 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 Managing Member/Manager

Date **11/19/2013**

Daytime Phone # **305-934-4888**

Typed or printed name of signing Managing Member/Manager **JENNIFER GOLDBERG**