

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 JAN 16 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 106000099655

1. Limited Liability Company's Name

SANDOR ASSOCIATES, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3675 North Country Club Drive		3675 North Country Club Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Unit 402		Unit 402	
City & State		City & State	
Aventura, FL		Aventura, FL	
Zip	Country	Zip	Country
33180	US	33180	US

4. State/Country of Formation  
FL, US5. Date Organized or Qualified  
To Do Business in Florida 10/11/20066. FEI Number  
noneApplied For  
☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

## 8. Name and Address of Current Registered Agent

Name	
Sandor Szilagyi	
Street Address (P.O. Box Number is Not Acceptable)	
3675 North Country Club Drive	
Suite, Apt. #, Etc.	
Unit 402	
City	State Zip Code
Aventura	FL 33180

☐ 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 1/10/08

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
Managing Member	Sandor Szilagyi	3675 North Country Club Drive	Aventura, FL 33180
		Unit 402	

REINSTATEMENT  
2007-2008

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 1/10/08

Daytime Phone # 908-522-4560

Typed or printed name of signing Managing Member/Manager

Sandor Szilagyi

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)617-6383

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Account Number : 120000000011  
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LIMITED LIABILITY REINSTATEMENT

SANDOR ASSOCIATES, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$377.50

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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Florida Dept of State



January 18, 2008

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsSANDOR ASSOCIATES, LLC  
3675 NORTH COUNTRY CLUB DRIVE  
UNIT 402  
AVENTURA, FL 33180SUBJECT: SANDOR ASSOCIATES, LLC  
REF: L06000099655

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist IIFAX Aud. #: H08000013429  
Letter Number: 008A00004014FILED  
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Florida Dept of State



January 17, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SANDOR ASSOCIATES, LLC  
3675 NORTE COUNTRY CLUB DRIVE  
UNIT 402  
AVENTURA, FL 33180

SUBJECT: SANDOR ASSOCIATES, LLC  
REF: L06000099655

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The Florida Department of State does not maintain the names and addresses of the members of a limited liability company. Please remove the names and addresses of the members from the document OR insert the letters "MGRM" beside their names and addresses to indicate they are serving in the capacity of a managing member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

FAX Aud. #: H08000013429  
Letter Number: 208A00003644

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314