

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000029856

1. Limited Liability Company's Name

SAL, MAR & SONS ENTERPRISES, LLC.

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FILED
SECRETARY OF CORPORATIONS
09 OCT 21 PM 1:16

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
3900 NW 79 AVENUE

Suite, Apt. #, etc.
SUITE 805

City & State
DORAL FL

Zip
33166

Country
USA

3. Mailing Office Address
3900 NW 79 AVENUE

Suite, Apt. #, etc.
SUITE 805

City & State
DORAL FL

Zip
33166

Country
USA

4. State/Country of Formation
FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida** 03/19/2007

6. FEI Number

☐ 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
SALVADOR VILLEGAS

Street Address (P.O. Box Number is Not Acceptable)
3900 NW 79 AVENUE

Suite, Apt. #, Etc.
SUITE 805

City
DORAL

State
FL

Zip Code
33166

☒ 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

[Signature]

Date 10-20-2009

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
MGRM	SALVADOR VILLEGAS	3900 NW 79 AVENUE - SUITE 805	DORAL FL 33166
MGRM	MARTA M. MARTINEZ	3900 NW 79 AVENUE - SUITE 805	DORAL FL 33166

REINSTATEMENT

2008-2009

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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

[Signature]

Date 10-20-2009

Daytime Phone #

Typed or printed name of signing Managing Member/Manager