

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

09 SEP 23 AM 9:54

DOCUMENT # L08000053271

1. Limited Liability Company's Name

Sheffield Group LLC

400160722964
09/16/09--01026--006 **238.75

CR2E041 (10/08)

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

1440 NW 1st Court

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

1440 NW 1st Court

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified

To Do Business in Florida 5/29/2008

6. FEI Number

26-2699176

☐ 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

Jeffrey Klein

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

2600 North Military Trail

Suite, Apt. #, Etc.

Suite 270

City

Boca Raton

State

FL

Zip Code

33431

☒ 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

REGISTERED AGENT MUST SIGN

Date

8/1/09

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
MGR	Abe Mishal	6571 Serena Lane	Boca Raton, FL 33433

REINSTATEMENT 2009 8/1/09

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

8/7/09

Daytime Phone #

561-939-2474

Typed or printed name of signing Managing Member/Manager

Abe Mishal