PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 DEC 12 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

CR2E041 (1/11)

DOCUMENT # L09000083913

1. Limited Liability Company's Name
SYA of Vero Beach, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
956 Surf Lane		956 Surf Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Vero Beach		Vero Beach	
Zip	Country	Zip	Country
32963	United States	32963	United States

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 08/31/2009

6. FEI Number 273164187 — 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
Samuel A. Block

Street Address (P.O. Box Number is Not Acceptable)
1555 Indian River Blvd

Suite, Apt. #, Etc.

City	State	Zip Code
Vero Beach	FL	32960

E-mail Address:
sgreene@blocklaw.org
(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 Samuel A. Block Date 12/10/13
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	Yane Zana	956 Surf Lane	Vero Beach, Fl 32963

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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. 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 12/10/13 Daytime Phone # (772) 532 3413

Typed or printed name of signing Managing Member/Manager _____