

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000080763

**Entity Name:** SINZ OF DA FATHER, LLC

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2958 NORTH WEST 132 ND STREET  
432  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

2958 NORTH WEST 132 ND STREET  
432  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERRE JULES, SANDRO MR.  
2958 NORTH WEST 132 ND STREET  
432  
OPA LOCKA, FL 33054 US

**Name and Address of New Registered Agent:**

POSTE, MARIN L  
1528 GRASSY RIDGE LANE  
APOKA, FL 32712 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIN L. POSTE

01/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: PIERRE JULES, SANDRO  
Address: 2958 N.W. 132 SREET APT# 432  
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SANDRO PIERRE JULES

MR

01/27/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date