

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10-11-68

14 MAR -4 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name
L11000119246

SFT Commissary llc

2. Principal Office Address - No P.O. Box #
1920 tigertail

3. Mailing Office Address
1920 tigertail blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Dania beach FL

City & State
Dania beach FL

Zip	Country
33004	usa

Zip	Country
33004	usa

4. State/Country of Formation
FI/ USA

5. Date Organized or Qualified To Do Business in Florida
05/27/2010

6. FEI Number
454008039

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

Zachary Schwartz

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

9405 nw 72nd ct

Suite, Apt. #, Etc.

City
tamarac

State	Zip Code
FL	33321

000257490780
03/05/14--01003--006 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

**Signature of
Registered Agent**

Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
managing member	Jody Schwartz	9405 nw 72nd ct	tamarac fl 33321
			MAR - 4 2014
			M. WILLIAMS

11. E-mail Address: **mtocatering@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of _____

Signature of
Authorized Representative/Manager

Date 2/26/14

Daytime Phone #

954-234-2327

Typed or printed name of signing Authorized Representative/Manager Zachary Schwartz