PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2020 SEP 17 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800352320776
09/17/20--01023--009 **377.50

DOCUMENT # L12000160355

1. Limited Liability Company's Name

SACHS HORACE JANSON

OR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
777 BRICKELL AVE	P.O. BOX 824116
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 500	
City & State	City & State
MIAMI, FL	FEMBROKE PINES, FL
Zip / Country	Zip / Country
33131 / USA	33082 / USA

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business In Florida: 12/26/2012

6. FEI Number: 36-475-0841 ☐ 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 SOHNSON

Street Address (P.O. Box Number is Not Acceptable) Suite:
777 BRICKELL AVE

Apt. #, Etc.
SUITE 500

City: MIAMI, FL | State: FL | Zip Code: 33131

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: 09/14/20

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
MGR	SAMUEL SOHNSON	777 BRICKELL AVE	SUITE 500, MIAMI, FL 33131

REINSTATEMENT

SEP 17 2020
R. HUNT

11. E-mail Address: SJOHNSON@SHJINC.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 605, 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 requirement of section 605.0112, 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 authorized representative/member: _____ Date: 09/14/2020 Daytime Phone #: 305 423 0159

Typed or printed name of signing authorized representative/member: SAMUEL SOHNSON