


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT 2014-2015</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Secretary of State DIVISION OF CORPORATIONS</b>

DOCUMENT # **L130000029707**

1. Limited Liability Company's Name

**SAINTERVEL SHOP, LLC.**

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

3. Mailing Office Address

**205 S 1st STREET**

**1038 GARDEN LAKES CIR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**IMMOKALEE FL**

City & State

**IMMOKALEE FL**

Zip

Country

**34142**

**USA**

Zip

Country

**34142**

**USA**

4. State/Country of Formation

**FL**

5. Date Organized or Qualified  
To Do Business in Florida

**02-26-13**

6. FEI Number

☒ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00** Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

**ROSENA SAINTERVEL**

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

**1038 GARDEN LAKES CIRCLE**

Suite, Apt. #, Etc.

**APT 906**

City

**IMMOKALEE**

State

**FL**

Zip Code

**34142**

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

**ROSENA SAINTERVEL**

REGISTERED AGENT MUST SIGN

Date

**03/03/15**

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	ROSENA SAINTERVEL	1038 GARDEN LAKES CIR.	IMMOKALEE FL 34142
MGR	TAMARA LANCE	1038 GARDEN LAKES CIR	IMMOKALEE FL 34142

11. E-mail Address: **StephanieSainty177@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

Authorized Representative/Manager

**ROSENA SAINTERVEL**

Date

**03/03/15**

Daytime Phone

**2398671059**

Typed or printed name of signing Authorized Representative/Manager

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