400316756854
08/03/18 01005 002 // $516.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
18 AUG -3 PM 4:42

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Pay 07-31-18
Check 12085
$516.25
MBB
SCANNED

CR2E041 (1/14)

DOCUMENT # L13000031614

1 Limited Liability Company's Name
SOKOLOV 94 LLC

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
3030 N Rocky Point DR	3030 N Rocky Point Dr
Suite, Apt. #, etc suit 150 A	Suite, Apt. #, etc suit 150 A
City & State Tampa FL	City & State Tampa FL
Zip / Country 33607	Zip / Country 33607

4 State/Country of Formation: FL

5 Date Organized or Qualified To Do Business in Florida: 3.1.2013

6 FEI Number: ☐ 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: Pinhas Doron

Street Address (P.O. Box Number is Not Acceptable) Suite,
950 Peninsula Corpriate cir
Apt. # Etc.
suit 10-13

City: Boca Raton | State: FL | Zip Code: 33487

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: Pinhas Doron Date: 7.30.18
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	Pinhas Doron	3030 N Rocky Point Dr suit 150 A	Tampa FL 33607

11 E-mail Address: Pini@505233.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 605.0012, 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 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: Pinhas Doron Date: 7.30.18 Daytime Phone #: 561.362.2275

Typed or printed name of signing authorized representative/member: _____

T MOORE