

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 DEC 31 PM 5:08

SE. DEPT. OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L14000037205

1. Limited Liability Company's Name  
SALJANIN, LLC

2. Principal Office Address - No P.O. Box #  
634 E. 3rd Avenue

Suite, Apt. #, etc.

City & State

New Smyrna Beach, Florida

Zip

32169

Country

USA

3. Mailing Office Address  
4167 Saddle Club

Suite, Apt. #, etc.

City & State

New Smyrna Beach, Florida

Zip

32169

Country

USA

8. Name and Address of Current Registered Agent

Name

Frank Saljanin

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

4167 Saddle Club

Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32168

CR2E041 (1/14)

4. State/Country of Formation  
Florida/USA

5. Date Organized or Qualified  
To Do Business In Florida 03/05/15

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a certificate of status.

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01/04/16--01039--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

*Frank Saljanin*

Date 12/30/15

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	Frank Saljanin	4167 Saddle Club	New Smyrna Beach, Florida 32168

DEC 31 2015  
M. WILLIAMS

11. E-mail Address:

(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

*Sid C. Peterson, Jr.*

Date 12/30/15

Daytime Phone # 386-428-2464

Typed or printed name of signing authorized representative/member Sid C. Peterson, Jr. attorney for Saljanin