

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L14000038154

1. Limited Liability Company's Name  
S&CE LLC

2. Principal Office Address - No P.O. Box #  
1040 SW 15th Ave

Suite Apt # etc

City & State  
Miami, Florida

Zip Country  
33135 USA

3. Mailing Office Address  
1040 SW 15th Ave

Suite Apt #, etc

City & State  
Miami, Florida

Zip Country  
33135 USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida 03/06/2014

6. FEI Number  
46-5118601

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  
Steven S. Eagle

Street Address (P.O. Box Number is Not Acceptable) Suite  
1040 SW 15th Ave

Apt #, Etc.

City State Zip Code  
Miami FL 33135

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

REGISTERED AGENT MUST SIGN

Date

5/31/2019

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
AR	Christine Kiefer - Eagle	1040 SW 15th Ave	Miami, FL 33135

11. E-mail Address seagle@nova-consulting.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

Date 05/31/2019

Daytime Phone # 786-402-8386

Typed or printed name of signing authorized representative/member Steven S. Eagle

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CR2E041 (1/14)

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JUN 18 2019

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SECRETARY OF STATE  
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