

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000074887

1 Limited Liability Company's Name

SAO MIGUEL DONUTS, LLC

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

15735 Starling Water Drive

Suite, Apt. # etc

City & State

Lithia, FL

Zip

33547

Country

USA

3. Mailing Office Address

15735 Starling Water Drive

Suite, Apt. #, etc

City & State

Lithia, FL

Zip

33547

Country

USA

8 Name and Address of Current Registered Agent

Name

Ralph DeLima

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

15735 Starling Water Drive

Apt. # Etc

City

Lithia

State

FL

Zip Code

33547

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

Ralph DeLima
Ralph DeLima

REGISTERED AGENT MUST SIGN

Date 10/28/2016

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	Ralph DeLima	15735 Starling Water Drive	Lithia, FL 33547

11. E-mail Address ralphdelima@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 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

Ralph DeLima
Ralph DeLima, Manager

Date

10/28/2016

Daytime Phone #

Typed or printed name of signing authorized representative/member

Ralph DeLima, Manager

RECEIVED

2016 NOV -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4 State/Country of Formation

Florida

5 Date Organized or Qualified
To Do Business in Florida

04/28/2015

6. FEI Number

47-3866494

Applied For

Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

800291876658
11/01/16--01028--019 **238.75