FILED
2022 SEP 19 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500394667225
09/19/22--01004--006 **1072.00

DOCUMENT # L15000119652

1. Limited Liability Company's Name
SIETE OCHO L.L.C.

CR2E041 (1/14)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 7270 NW 114TH AVENUE | 7270 NW 114TH AVENUE |
| Suite, Apt. #, etc<br>207 | Suite, Apt. #, etc<br>207 |
| City & State<br>DORAL, FLORDIA | City & State<br>DORAL, FLORIDA |
| Zip / Country<br>33178 / MIAMI-DADE | Zip / Country<br>33178 / MIAMI-DADE |

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 07/06/2015

6. FEI Number
47-4691620
☑ 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
EDDY Z. TERAN DE REZVANI

Street Address (P.O. Box Number is Not Acceptable) Suite,
7270 NW 114TH AVENUE

Apt. #, Etc
207

City: DORAL | State: FL | Zip Code: 33178

Reinst.
01/10/23
DC

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 Eddy Teran Date 09/08/2022
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 | SEYED REZVANI | 7270 NW 114TH AVENUE APT 207 | DORAL, FL 33178 |
| MGR | EDDY Z. TERAN DE REZVANI | 7270 NW 114TH AVENUE APT 207 | DORAL, FL 33178 |
| MGR | SEYED H. NICHOLAS REZVANI | 5612 E WEAVER CIRCLE | CENTENNIAL, CO 80111 |
| | | | |
| | | | |
| | | | |

11. E-mail Address SEYED.REZVANI@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 Seyed Teran Date 09/08/2022 Daytime Phone # 3056324846

Typed or printed name of signing authorized representative/member Seyed Rezvani