

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
2022 SEP 19 PM 3:58  
TALLAHASSEE, FLORIDA

|                                                        |                                                                                   |                                                                                      |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>LIMITED LIABILITY<br/>COMPANY<br/>REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|                                                        |                                                                                   |                                                                                      |

**DOCUMENT #** L15000119652

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

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

CR2E041 (1/14)

|                                                                                                                                    |                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>4. State/Country of Formation</b><br>FLORIDA                                                                                    |                                                                                            |
| <b>5. Date Organized or Qualified To Do Business in Florida</b> 07/06/2015                                                         |                                                                                            |
| <b>6. FEI Number</b><br>47-4691620                                                                                                 | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b> |                                                                                            |

**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

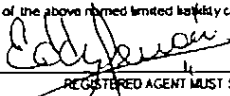
**Apt. #, Etc.**  
 207

**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**  **Date** 09/08/2022

**REGISTERED AGENT MUST SIGN**

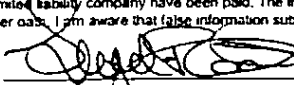
**10. Names and Street Addresses of Authorized Representatives/Managers**

| 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**  **Date** 09/08/2022 **Daytime Phone #** 3056324846

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