

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2021 AUG 13 PM 12:07

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000134334

1. Limited Liability Company's Name
SFEIR HOLDINGS LLC

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

5939 FOREST HILL BLVD

Suite, Apt. #, etc

City & State

WEST PALM BEACH, FL

Zip

33415

Country

USA

3. Mailing Office Address

C/O MORSE, 301 W. ATLANTIC AVE

Suite, Apt. #, etc

0-5

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

8. Name and Address of Current Registered Agent

Name

WILLIAM M MORSE

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

301 W. ATLANTIC AVE

Apt. #, Etc

0-5

City

DELRAY BEACH

State

FL

Zip Code

33444

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **8/05/2021**

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 | WILLIAM M MORSE | 301 W. ATLANTIC AVE | DELRAY BEACH, FL 33446 |
| | | | |
| | | | AUG 13 2021 |
| | | | R. HUNT |
| | | | |
| | | | |

11. E-mail Address **wmmtax@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

Typed or printed name of signing authorized representative/member

WILLIAM M MORSE

Date **8/05/2021**

Daytime Phone #

561 213-2965

300271703443
08/13/21--01018--014 **377.50

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **08/01/2016**

6. FEI Number
30-0946793

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a certificate of status**