PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 SEP 12 PM 12:07

DOCUMENT # L17000032002

1. Limited Liability Company's Name
SBE SOLUTIONS, LLC

100394350691
09/12/22--01052--013 **793.75
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2578 ENTERPRISE ROAD	2578 ENTERPRISE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
412	412
City & State	City & State
ORANGE CITY, FL	ORANGE CITY, FL
Zip / Country	Zip / Country
32763 / USA	32763 / USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida 02/09/2017

6. FEI Number
82-0637062
☐ 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
Ralph F Garcia, PLLc

Street Address (P.O. Box Number is Not Acceptable) Suite,
2578 Enterprise Road

Apt. #, Etc.
412

City	State	Zip Code
Orange City	FL	32763

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 09-07-2022

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	Rafael Garcia	2578 Enterprise Rd., Ste 412	Orange City, Fl 32763
AMBR	Sam Zalloum	2578 Enterprise Rd., Ste 412	Orange City, Fl 32763

SEP 12 2022
R. HUNT

11. E-mail Address: ralph@gzlegalteam.com
(To be used for future annual report notification)

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. This 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 _____ 9-7-2022 407-978-6603