PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 JUN -6 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L20000289707

1 Limited Liability Company's Name

SBR1 LLC

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
2301 Collins Ave	2301 Collins Ave
Suite, Apt. #, etc: Apt 434	Suite, Apt. #, etc: Apt 434
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/22/2020

6. FEI Number: 85-3222483 ☐ 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: Incorporating Services, LTD

Street Address (P.O. Box Number is Not Acceptable): 1540 Glenway Dr.

Apt # Etc:

City: Tallahassee | State: FL | Zip Code: 32301

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: Melissa A. Moreau Date: 6/5/2024

Melissa A. Moreau, Assistant Secretary

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	James Sexton	2900 NE 7th St. Apt 3107	Miami, FL 33137
Amb	Mason Sexton Jr.	1508 Bay Rd. Apt N0817	Miami Beach, FL 33139
Amb	Lawrence K. Sexton	2301 Collins Ave Apt. 434	Miami Beach, FL 33139

S. FRANKLIN
JUN - 6 2024

11. E-mail Address: _____
(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 felony as provided for in s. 817.155, F.S.

S. FRANKLIN
JUN - 6 2024

Signature of authorized representative/member: Lawrence K. Sexton Date: 6/5/24 Daytime Phone #: 917-224-1982

Typed or printed name of signing authorized representative/member: _____

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

FILED
2024 JUN -6 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE, 6/6/2024 **PRIORITY**, Regular Approval **OUR REF # (Order ID#)**, 1259991

ORDER ENTITY
SBR1 LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
SBR1 LLC (FL)
File the attached reinstatement document

NOTES:
$100.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

RECEIVED
2024 JUN -6 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.