

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22000460148

1. Limited Liability Company's Name
SALAVATE LLC

2. Principal Office Address - No P.O. Box #
2430 U.S. HIGHWAY 27

Suite, Apt. #, etc.
STE # 330-209

City & State
CLERMONT, FL

Zip Country
34714 USA

3. Mailing Office Address
2430 U.S. HIGHWAY 27

Suite, Apt. #, etc.
STE # 330-209

City & State
CLERMONT, FL

Zip Country
34714 USA

8. Name and Address of Current Registered Agent

Name
CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable) Suite.
801 US HWY 1

Apt. #, Etc.

City State Zip Code
North Palm Beach FL 33408

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 *Kristen Espinales* Kristen Espinales, Special Secretary
REGISTERED AGENT MUST SIGN

Date 2/1/2024

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
AMBR	SALA, RICCARDO	2912 DEERBERRY LN	CLERMONT, FL 34714
AMBR	VONDEREMBSE, MATTHEW	113 PINELEAF PASS	DAVENPORT, FL 33897
AMBR	FIGUEROA, JONATHAN	9650 UNIVERSAL BLVD APT 462	Orlando FL 32819

11. E-mail Address partnerships-govdocs@corpcreations.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 *Kristen Espinales* Date 2/1/2024 Daytime Phone # 561-694-8107
Typed or printed name of signing authorized representative/member Kristen Espinales, Attorney-in-Fact **• L. BROWN •**

FILED

2024 FEB -1 PM 4:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

000423104740

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida **10/26/2022**

6. FEI Number ☒ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **\$5.00 Additional Fee required for a certificate of status**

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/01/2024

****WALK IN****

ENTITY NAME Salavate LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$277.50

ACCOUNT #: I20160000072

E. R. J. W.

Please call Tina at the above number for any issues or concerns. Thank you so much!

RECEIVED
2024 FEB - 1 AM 9:57
TALLAHASSEE, FLORIDA