

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2024 FEB -1 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L22000460148

1. Limited Liability Company's Name  
SALAVATE LLC

000423104740

2. Principal Office Address - No P.O. Box # 2430 U.S. HIGHWAY 27		3. Mailing Office Address 2430 U.S. HIGHWAY 27	
Suite, Apt. #, etc. STE # 330-209		Suite, Apt. #, etc. STE # 330-209	
City & State CLERMONT, FL		City & State CLERMONT, FL	
Zip 34714	Country USA	Zip 34714	Country USA

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	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>	

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 North Palm Beach	State FL	Zip Code 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 Date 2/1/2024  
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
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**

**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*

RECEIVED  
2024 FEB -1 AM 9:57  
SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

**\*\*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

*S. R. J. W.*

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