

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
in Seith
Secretary of State
DIVISION OF CORPORATIONS

L98000002515
FILED

1. DOCUMENT # L98000002515

Name and Mailing Address

02 OCT 29 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011584 01 SP 0.370 **SNGLP 0615 33469

222 SGS ENTERPRISES, L.C.
U.S. HIGHWAY 1, PLAZA 222, SUITE 208
TEQUESTA FL 33469



10/4/02

2. New Mailing Address

222 U.S. Highway one, Suite 208
City: State, Zip
Tequesta, FL 33469

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/02/1998

Principal Place of Business

U.S. HIGHWAY 1, PLAZA 222, SUITE 208
TEQUESTA FL 33469

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-0878010

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

~~ARLEN, ROBERT M P A~~
~~1501 CORPORATE DRIVE, SUITE 200~~
~~BOYNTON BEACH FL 33426~~

9. Name and Address of New Registered Agent

Name

Karen S. Sowden

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

222 U.S. Hwy 1, Suite 208

City

Tequesta, FL

FL

Zip

33469

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent **Karen S. Sowden**

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SOWDEN, KAREN S TRUSTEE	222 U.S. HWY SUITE 208	TEQUESTA FL 33469
MGRM	GEHRING, LINDA S	222 U.S. HWY SUITE 208	TEQUESTA FL 33469

000008671190
10/29/02--01099--018 **150.00

REINSTATEMENT **2002**

BS

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

Karen S. Sowden

Date **10-28-02**

Daytime Phone # **561-746-0962**

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)