

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 15 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 198000003085

1. Limited Liability Company's Name
SOMCO HOLDINGS, LLC

2. Principal Office Address

6100 S.W. 76th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33143

Country

USA

3. Mailing Office Address

c/o Marc H. Auerbach, Esq.
201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 2000

City & State

Miami, Florida

Zip

33131

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/9/98

6. FEI Number

65-0889484

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

Marc H. Auerbach, Esq.

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

201 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 2000

City

Miami

State

FL

Zip Code

33131

9. 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

Marc Auerbach

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Campbell, D. Michael	6100 S.W. 76th Street	Miami, Florida 33143
MGR	Campbell, Heidi	6100 S.W. 76th Street	Miami, Florida 33143

11. 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

Heidi Campbell

Date 10/31/00

Daytime Phone # (305) 666-3820

Typed or printed name of signing Managing Member/Manager

Heidi L. Campbell