

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

02 JAN -9 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000259

1. Limited Liability Company's Name

SASKIA INVESTMENTS LLC

100004777321--2
-01/16/02--01027--010
****150.00 ****150.00

2. Principal Office Address

2000 SO. BAYSHORE DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
10

City & State

COCONUT GROVE, FL

City & State

Zip

33131

Country

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1/15/99

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

BARRY M. BRANT

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

C/O BERKOWITZ DICK POLLACK & BRANT ONE S.E. 3RD AVENUE

Suite, Apt. #, Etc.

15TH FLOOR

City

MIAMI

State

FL

Zip Code

33133

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

Date

12/29/01

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	BARRY M. BRANT	ONE S.E. THIRD AVENUE	MIAMI, FL 33131

REINSTATEMENT

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

Date

11/19/01

Daytime Phone #

300-379-7000

Typed or printed name of signing Managing Member/Manager

BARRY M. BRANT

CR2E041 (9/01)