

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 JAN -2 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006612

1. Limited Liability Company's Name
Sunset & 97th Holdings, LLC

REINSTATEMENT

2000
2001

2. Principal Office Address
19667 Turnberry Way

Suite, Apt. #, etc.
Unit-12G

City & State
Miami, Florida

Zip
33180

Country
USA

3. Mailing Office Address
c/o Greenberg Traurig, PA
1221 Brickell Avenue

Suite, Apt. #, etc.
24th Floor

City & State
Miami, Florida

Zip
33131

Country
USA

4. State/Country of Formation
Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida** October 12, 1999

6. FEI Number ☒ Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Pedro A. Martin, Esq., c/o Greenberg Traurig, P.A.

000003535660--9

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

1221 Brickell Avenue

-01/12/01--01055--009

*****50.00 *****50.00

Suite, Apt. #, Etc.

24th Floor

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 Pedro A. Martin
REGISTERED AGENT MUST SIGN

Date

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
Manager	Moises Saieh	19667 Turnberry Way, #12G	Miami, Florida 33180
			000003535660--9 -01/12/01--01055--010 ****150.00 ****150.00

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 Moises Saieh Date _____ Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager