

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -9 PM 3:01

DOCUMENT # L 9900000 8/37

1. Limited Liability Company's Name

SFH II LLC
C/O SOUTH FLORIDA HOTEL, INC.

9/29/00

2. Principal Office Address

711 NW 72ND AVE

3. Mailing Office Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

MIAMI, FL

City & State

Zip

33126

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/99

6. FEI Number

HP FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

G. Zaccaro Sr.

Street Address, P.O. Box Number, Not Applicable

711 NW 72ND AVE

100003851531-7

Suite, Apt., #, Etc.

03/13/01-01127-002

****200.00 ****200.00

City

Miami

State

FL

Zip Code

33126

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

[Signature] 02/07/01

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
<u>MEMBER</u>	<u>G. ZACCARO SR</u>	<u>711 NW 72ND AVE</u>	<u>MIAMI, FL</u>
<u>MEMBER</u>	<u>L. ZACCARO</u>	<u>711 NW 72ND AVE</u>	<u>MIAMI, FL</u>

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

[Signature] 02/07/01

Daytime Phone #

407-345-1191

Typed or printed name of signing Managing Member/Manager

GEORGE L. ZACCARO, SR