

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FEDERAL 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

MC

2. Principal Office Address
711 NW 74th Ave
Suite, Apt., #, etc.
City & State
Miami, FL
Zip
33126
Country
USA

3. Mailing Office Address
Suite, Apt., #, etc.
City & State
Zip
Country

4. State/Country of Formation
FLORIDA
5. Date Organized or Qualified To Do Business in Florida
11/99
6. FEI Number
N/A 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 74th Ave
Suite, Apt., #, Etc.
City
Miami
State
FL
Zip Code
33126
100002851531-7
03/13/01-01127-002
****200.00 ****200.00

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 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
	G. ZACCARO SR	711 NW 74th Ave	MIAMI, FL
	L. ZACCARO	711 NW 74th Ave	MIAMI, FL

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 11/17/00
Daytime Phone # 407-345-1191
Typed or printed name of signing Managing Member/Manager G. ZACCARO SR