

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 29 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000008753**

1. Limited Liability Company's Name

South Florida Investment Group, LLC

2. Principal Office Address

22071st Street

Suite, Apt. #, etc.

Suite 209

City & State

Miami, FL

Zip

33141

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

Nov '99

6. FEI Number

☒ 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

Eli Hadad

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

3209 NE 169 Street

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date **Dec 22 '00**

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	Eli Hadad	3209 NE 169 St.	Miami, FL 33160
			700003554547--7
			-01/19/01--01007--001
			****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

Date **Dec 22 '00**

Daytime Phone # **305-576-1926**

Typed or printed name of signing Managing Member/Manager