

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVE  
AND  
FORMED

02 FEB 25 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

DOCUMENT #

1. Limited Liability Company's Name

SOUTH FLORIDA INVESTMENT GROUP, LLC

**REINSTATEMENT**

2001-  
2002

2. Principal Office Address

80 N.E. 168th Street

Suite, Apt. #, etc.

3. Mailing Office Address

80 N.E. 168th Street

Suite, Apt. #, etc.

City & State

N. Miami Beach, Fl.

City & State

N. Miami Beach, Fl.

Zip

33162

Country

USA

Zip

33162

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

12/13/1999

6. FEI Number

65-1067385

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)

80 N.E. 168th Street

Suite, Apt. #, Etc.

City

N. Miami Beach

State

FL

Zip Code

33162

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

2/13/02

**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
p/d	HADAD, ELI	80 N.E. 168th Street	N. Miami Beach, FL.
			33162

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

2/13/02

Daytime Phone #

(786) 251-0667

Typed or printed name of signing Managing Member/Manager

ELI HADAD, OWNER/MANAGING MEMBER

CR2E041 (9/01)