

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000002143

1. Limited Liability Company's Name

Sarah All Holdings LLC

2. Principal Office Address - No P.O. Box #
1898 S. Clyde Morris Bl.

Suite, Apt. #, etc.
200

City & State

daytona beach, fl

Zip
32119

Country

3. Mailing Office Address
po box 730669

Suite, Apt. #, etc.

City & State

ormond beach, fl

Zip

32173

Country

usa

8. Name and Address of Current Registered Agent

Name

Anthony m bailey

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

Suite, Apt. #, Etc.

City

ormond beach, fl

State
FL

Zip Code
32174

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida 04/13/2007

6. FEI Number
260436003

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

bailey_antony@msn.com

(To be used for future annual report notices)

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

Anthony m bailey

Date 4/12/2011

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
Mgrm	Anthony m bailey	73 foxcroft run	ormond beach, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Anthony m bailey

Date 04/12/2011

Daytime Phone # 4074510033

Typed or printed name of signing Managing Member/Manager anthony bailey

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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