

8/18/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H21000311163 3)))



H21000311163ABCS

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6384

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**LIMITED LIABILITY REINSTATEMENT  
SAF MANAGEMENT L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$521.25

FILED  
2021 AUG 19 PM 2:27  
CLERK OF STATE  
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

AUG 1 2021  
Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**RECEIVED**

2021 AUG 19 PM 2:41

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # M17000000621

1. Limited Liability Company's Name  
SAF MANAGEMENT L.L.C.

2. Principal Office Address - No P.O. Box #

745 5th Avenue

3. Mailing Office Address

745 5th Avenue

Suite Apt. #, etc.

Suite 500

Suite Apt. #, etc.

Suite 500

City & State

New York

City & State

New York

Zip

10151

Country

USA

Zip

10151

Country

USA

8. Name and Address of Current Registered Agent

Name

REGISTERED AGENT SOLUTIONS, INC.

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

155 OFFICE PLAZA DRIVE

Apt. #, Etc.

SUITE A

City

TALLAHASSEE

State

FL

Zip Code

32301

4. State/Country of Formation

NEW YORK

5. Date Organized or Qualified  
To Do Business in Florida

01/23/2017

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a certificate of status

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605.

Signature of  
Registered Agent

STEVEN WEISS, ASSISTANT SECRETARY

Date 8/19/2021

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	ALI KIBAR	745 5th Avenue, Suite 500	New York, NY 10151

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

ALI KIBAR

Date 8/19/2021

Daytime Phone # 800-906-9220

Typed or printed name of signing authorized representative/member ALI KIBAR

FILED  
2021 AUG 19 PM 2:27  
TALLAHASSEE, FL  
SECRETARY OF STATE