PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 OCT -8 PM 2:15

DOCUMENT # M17000007290

1. Limited Liability Company's Name

Seven Real Estate Holdings, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
117 Hidden Glen Way	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dothan, AL	City & State
Zip: 36303 / Country: USA	Zip / Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 8/22/17

6. FEI Number: 82-2199577 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

800319492848

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

Signature of Registered Agent: Denise Bell Denise Bell Date: 10/05/2018

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
AR	Leo Leon	117 Hidden Glen Way	Dothan, AL 36303
AR	Patrick Goitia	117 Hidden Glen Way	Dothan, AL 36303
			OCT 0 8 2018
			C SNEAD

11. E-mail Address: patrick.goitia@seven-restaurants.com
(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155 F.S.

Signature of Authorized Representative/Manager: Robin Joseph Date: 10/5/18 Daytime Phone #: 954-909-8141

Typed or printed name of signing Authorized Representative/Manager: Robin Joseph

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 10/8/2018

Acc#I20160000072

Name:	SEVEN REAL ESTATE HOLDINGS, LLC
Document #:	M17000007290
Order #:	11197139

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑	Certified: ☑		
	Plain: ☐		
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Availability _____

Document ___

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Ref# _____

Amount: $ 268.75

18 OCT -8 AM 11:32

Thank you!