

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS  
FILED  
06 JAN 18 AM 11:04

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1. Limited Liability Company's Name

CHIBANI LLC,

300065075343  
02/02/06--01020--007 \*\*250.00

CR2E041 (8/05)

2. Principal Office Address <u>20827 VIA MADEIRA DRIVE</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>BOCA-RATON, FL</u>		City & State	
Zip <u>33433</u>	Country <u>U.S.A</u>	Zip	Country

4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>08/21/2001</u>	
6. FEI Number <u>651134336</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <u>ROY GLASSBERG</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>123 NW 13th Street #313</u>	
Suite, Apt. #, Etc.	
City <u>BOCA-RATON</u>	State <u>FL</u>
	Zip Code <u>33433</u>

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 R. Glassberg Date 01/10/2006  
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
<u>MGR</u>	<u>A-KHAROUSI Hicham</u>	<u>20827 VIA MADEIRA DRIVE BOCA-RATON, FL 33433</u>	<u>BOCA, RATON, FL 33433</u>

REINSTATEMENT 04-06

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 Akey Date 01/10/2006 Daytime Phone # (561) 866 8031

Typed or printed name of signing Managing Member/Manager