

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUL 2014 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000001276

1. Limited Liability Company's Name

11-2001, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
1531 Harrington Park Drive

3. Mailing Office Address
1531 Harrington Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip Country
32225 USA

Zip Country
32225 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
300032913

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
Sam Kazran

Street Address (P.O. Box Number is Not Acceptable)
1531 Harrington Park Drive

Suite, Apt. #, Etc.

City
Jacksonville

State Zip Code
FL 32225

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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

Date 7-5-14

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
Managing Member	Sam Kazran	1531 Harrington Park Drive	Jacksonville, FL 32225

11. E-mail Address: KAZRAN52@aol.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 [Signature] Date 7-5-14 Daytime Phone # 904-874-0304

Typed or printed name of signing Authorized Representative/Manager Sam Kazran

Da 7/5/14