

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Clonda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 18 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000016882
Name and Mailing Address

0008738 01 AT 0.292 **AUTO T2 0 0615 33324-156722
108 BEADS, LLC.
10722 NW 1ST COURT
PLANTATION FL 33324-1567



2. New Mailing Address <i>799 E. Oakland Park Blvd.</i>		4. State/Country of Formation FL	
City, State, Zip <i>Oakland Park FL 33334</i>		5. Date Organized or Qualified To Do Business in Florida 07/03/2002	
Principal Place of Business 10722 NW 1ST COURT PLANTATION FL 33324	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <i>52-2367-029</i>	<input checked="" type="checkbox"/> 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 SUKHU, LEELA 10722 NW 1ST COURT PLANTATION FL 33324	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 *Leela R. Sukhu* **SIGNATURE REQUIRED** Date _____
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	<i>Leela R. Sukhu</i>	<i>10722 NW 1st Ct.</i>	<i>Plantation Fl. 33324</i>
Secretary	<i>Anand Sukhu</i>	<i>10722 NW 1st Ct.</i>	<i>Plantation Fl. 33324</i>
Treasurer	<i>Sattya Sukhu</i>	<i>2131 N. Ocean Blvd #14</i>	<i>Ft Lauderdale Fl. 33305</i>

REINSTATEMENT *23*

12. 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 *Leela R. Sukhu* **SIGNATURE REQUIRED** Date _____ Daytime Phone # _____
Typed or printed name of signing Managing Member/Manager _____

CR2E084 (7/03)