

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP 23 P 2: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L04000000758

1. Limited Liability Company's Name

SHAHID MANAGEMENT ENTERPRISE, LLC

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

5326 ST IVES LANE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32312

Country

USA

3. Mailing Office Address

P.O. BOX 16375

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32317

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

09/16/2005

6. FEI Number

90-0131802

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

ROSIER & COMPANY *Shannon Rosier*

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

1882 CAPITAL CIRCLE NE

Suite, Apt. #, Etc.

102

City

TALAHASSEE

State

FL

Zip Code

32308

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Shannon Rosier

REGISTERED AGENT MUST SIGN

Date

9/19/08

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
MGMR	YAHIA ALEX ASAD	5326 ST IVES LN	TALLAHASSEE, FL 32312
			500136224565 09/22/08--01066--004 **555.00
			REINSTATEMENT <u>2005-2008</u>

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

Yahia Alex Asad

Date

9/19/08

Daytime Phone #

850-877-6362

Typed or printed name of signing Managing Member/Manager

YAHIA ALEX ASAD

2005 2006 2007 2008

50.00
88.75