PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000510

1. Limited Liability Company's Name

Cariam Club, L.C.

2. Principal Office Address	**3.** Mailing Office Address
1540 WHOOPING DR	1540 WHOOPING DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
GROVELAND, FL	GROVELAND, FL
Zip 34736 Country U.S.A	Zip 34736 Country U.S.A

4. State/Country of Formation: Florida/Orange County

5. Date Organized or Qualified To Do Business in Florida: may 6, 1996

6. FEI Number: 59-3396308 ☐ 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: Odiator Arugu

Street Address (P.O. Box Number is Not Acceptable): 1540 whooping Drive

Suite, Apt. #, Etc.:

City: Groveland State: FL Zip Code: 34736

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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 608, F.S.

Signature of Registered Agent _____ Date 11/13/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
Mgrm	SADEK MAOUDJ	414 ENGLISH LAKE DR	WINTER GARDEN FL 34787
Mgrm	LINDA MAOUDJ	414 ENGLISH LAKE DR	WINTER GARDEN FL 34787
Mgrm	SYLVIA NETSOV	414 ENGLISH LAKE DR	WINTER GARDEN FL 34787

REINSTATEMENT

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 _____ Date 11/01/01 Daytime Phone # 407-352-2434433

Typed or printed name of signing Managing Member/Manager SADEK MAOUDJ