

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000021615

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -4 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000021615

1. Limited Liability Company's Name

REIKOPP TECHNOLOGIES, LLC
134 N.E. 1ST STREET
MIAMI FL 33132

2. Principal Office Address

134 N.E. 1ST STREET

Suite, Apt. #, etc.

3. Mailing Office Address

134 N.E. 1ST STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33132

Country

MIAMI-DADE

Zip

33132

Country

MIAMI-DADE

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/22/02

6. FEI Number

26-0059608

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

ALLAUDDIN PANJWANI

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

134 N.E. 1ST STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33132

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

[Signature]

Date

9/27/04

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
MM	ALLAUDDIN PANJWANI	134 N.E. 1ST STREET	MIAMI FL 33132
M	MADATALI PANJWANI	134 N.E. 1ST STREET	MIAMI FL 33132

REINSTATEMENT 2003-2004

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

[Signature]

Date

9/27/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

ALLAUDDIN PANJWANI

CR20041 (10/02)

L02000021615

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FILED
04 OCT -4 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE FIRST NOTICE FOR THE YEAR 2003 & 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

BR

CORDIALLY,


ALLAUDDIN PANJWANI
MANAGING MEMBER