

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 JUN 12 PM 2:08

DOCUMENT # L05000087371

1. Limited Liability Company's Name

Acacia International LLC

300131068253
06/09/08--01051--012 **421.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 7737 SW 188 Terrace		3. Mailing Office Address 7737 SW 188 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33157	Country USA	Zip 33157	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 01/07/2008	
6. FEI Number 59-3816591	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Archana Bhatti		
Street Address (P.O. Box Number is Not Acceptable) 7737 SW 188 Terrace		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33157

☒ 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 Archana Bhatti Date 06/05/08
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
MGRM	Mr. Manoj Bhatti	7737 SW 188 Terrace	Miami, FL 33157
MGRM	Ms. Archana Bhatti	7737 SW 188 Terrace	Miami, FL 33157

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 Archana Bhatti Date 6/5/08 Daytime Phone # 305 253 3006
Typed or printed name of signing Managing Member/Manager MS. ARCHANA BHATTI (MGRM)