PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LI COMPA REINSTAT	NY (Secre	ARTMENT OF STATE tary of State		FILED 19 MAR 17 PM 12: 55
DOCUMENT # L 0600047579 1. Limited Liability Company's Name CZENERAL CROWTH DEVELOPMENT LLC				SECRETARY OF STATE TALEAHASSEE, FLORIDA 600145571146 03/11/0901026018 **416.25	
2. Principal Office Address - No P.O. Box # **S317 SHELDON RD Suite, Apt. #, etc.		3. Mailing Office Address 8317 SHELDON RD Suite, Apt. #, etc.		CR2E041 (10/08) 4. State/Country of Formation FLOR: DA 5. Date Organized or Qualified To Do Business in Florida	
City & State TAMPA, FL P Zip Country 33615 USA		City & State TAMPA, FL Zip Country 33615 USA		To Do Business in Florida 5 9 2006 6. FEI Number 20 48 44 887 Not Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED 55.00 Additional For regulred for a Certificate of Status	
Name AHMAD ELGADAH Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City TAMPA State FL Zip Code FL 33(4)				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 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
MGCM AHA	HAGAQAJAH		8317 SHELDON RD		TAMPA (FL 3361)
MURH HIS	HISHAM ALTONOBEY		8317 SHELDON RD		TAMPA, FL 33616
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11. I certify that I am managing member/manager or the peceiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling 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 2/25 2 m Daytime Phone # (2) 3) 899 - 9 642					
Typed or printed name of signing Managing Member/Manager					