

L02000010821

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**FILED**

03 OCT 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # L02000010821**

1. Limited Liability Company's Name

PHD DEVELOPMENT LLC**800024281108**
10/30/03--01015--021 **150.00

2. Principal Office Address

1592 BLUE JAY CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

Zip

33327

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA5. Date Organized or Qualified
To Do Business in Florida**04/30/82**

6. FEI Number

43-1959669

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

ADNAN KABARRA

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

1592 BLUE JAY CIRCLE

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

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 AgentDate **10-08-03**

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
PRES	ADNAN KABARRA	1592 BLUEJAY CIRCLE	WESTON FL 33327
	DILKA INVESTMENTS LLC	20191 E COUNTRY CLUB DR	AVENTURA FL 33318

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/ManagerDate **10-08-03**Daytime Phone # **954-389-4746**Typed or printed name of signing Managing Member/Manager **ADNAN KABARRA**

CRZ041 (10/02)