

L00000001085

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 30 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001085

1. Limited Liability Company's Name

Armashi, LLC

2. Principal Office Address

4547 Lake In The Woods Drive same

Suite, Apt. #, etc.

City & State

Spring Hill, Florida

Zip

32607

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

January 31, 2000

6. FEI Number

56-2343857

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

000019682960

06/30/03--01096--002 **200.00

8. Name and Address of Current Registered Agent

Name

Jackson O. Brownlee

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

390 N. Orange Avenue

Suite, Apt. #, Etc.

Suite 2500

City

Orlando

State

FL

Zip Code

32801

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

4-24-03

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
MGRM	A. Hussam Armashi	4547 Lake In The Woods Drive	Spring Hill, FL 34607
MGRM	Nuha Armashi	4547 Lake In The Woods Drive	Spring Hill, FL 34607

REINSTATEMENT

02-03 ans
dec

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

4-26-03

Daytime Phone #

352-597 7246

Typed or printed name of signing Managing Member/Manager Nuha Armashi

CR2E041 (10/02)