

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 15 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 00000003104**

1. Limited Liability Company's Name
ZAITUNA ASSOCIATES LLC

200005677132--0
-06/04/02--01037--006
****200.00 ****200.00

2. Principal Office Address 821 OAKLAND AVE Suite, Apt. #, etc. #107 City & State URBANA, IL Zip 61802		3. Mailing Office Address 821 OAKLAND AVE Suite, Apt. #, etc. #107 City & State URBANA, IL Zip 61802		4. State/Country of Formation FL	
Country CHAMPAIGN		Country CHAMPAIGN		5. Date Organized or Qualified To Do Business in Florida 03/17/2000	
6. FEI Number 59-3633243				Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **Corporation Service Company**
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
City **Tallahassee** State **FL** Zip Code **32301**

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 *Jerry Lawson* Date 5/7/02
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
<i>Manager</i>	MUHAMMED SALEEM	821 OAKLAND AVE #104	URBANA, IL 61802
<i>Manager</i>	ROBINA SARWAR MALIK	821 OAKLAND AVE #104	URBANA, IL 61802

REINSTATEMENT 01-02
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 *Saleem* Date 09-May-02 Daytime Phone # 217-365-2461
Typed or printed name of signing Managing Member/Manager _____

CR2E041 (9/01)