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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L00000004386

1. Limited Liability Company's Name
C-STORE MANAGEMENT, LLC

2. Principal Office Address	**3.** Mailing Office Address
9785-A	same
Suite, Apt. #, etc. Boca Gardens pkwy	Suite, Apt. #, etc.
City & State Boca Raton FL	City & State
Zip 33496 Country palm Beach	Zip Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 65-1094642 ☐ 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: MUDHAR ABDULGHAFER
Street Address (P.O. Box Number is Not Acceptable): 9785-A
Suite, Apt. #, Etc.: Boca Gardens pkwy
City: Boca Raton FL State: FL Zip Code: 33496

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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 mudhar Abd
REGISTERED AGENT MUST SIGN
Date 10-22-2001

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
managing member	MUDHAR ABDULGHAFER	9785-A Boca Gardens pkwy	Boca Raton FL 33496

Rein 100
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REINSTATEMENT 2001

CR2E041 (9/01)

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 mdhr Abf
Date 10-22 Daytime Phone # 954-629-9659

Typed or printed name of signing Managing Member/Manager MUDHAR ABDULGHAFER