

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L 00000005241

1. Limited Liability Company's Name AAZMOK, LLC

2. Principal Office Address

11685 MAIDSTON DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WELLINGTON

City & State

Zip

FL

Country

33414

Zip

Country

4. State/Country of formation

FLORIDA

5. Date Organized or
To Do Business in Florida

05 08 2000

6. FEI Number

65-1101201

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DERIVED

8. Name and Address of Current Registered Agent

Name

PAMELA J. WALDORF, ESQ.

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

2200 CENTRE PARK WEST DRIVE

Suite, Apt. #, Etc.

SUITE 100

City

WEST PALM BEACH

800004640148--7

-10/17/01-01076-002

*****5.00 *****5.00

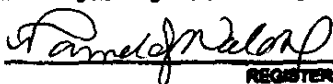
State

FL

Zip Code

33409

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

Date 10/9/01

10. Names and Street Addresses of Managing Member/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MAN	SYED ASADULLAH KAZMI	11685 Mainstone Drive	W. P.B. FL 33414
MAN	AMEETHA KAZMI	11685 Mainstone Dr.	W.P.B, FL 33414

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*****150.00 *****150.00

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 10-08-01

Day

Month

Phone # (561) 753-7614

Typed or printed name of signing Managing Member/Manager

Syed Asadullah Kazmi

APPROVE
AND

OCT 15 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2001