APPROVED AND FILED

01 OCT 15 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

REINSTATEMENT 2001

DOCUMENT # L00000005241

1. Limited Liability Company's Name: AAZMOK, LLC

2. Principal Office Address	3. Mailing Office Address
11685 MAIDSTON DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WELLINGTON	City & State
Zip: FL Country: 33414	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized / Qualified To Do Business in Florida: 05 08 2000

6. FEI Number: 65-1101201 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name: PAMELA J. WALDORF, Esq.

Street Address (P.O. Box Number is Not Acceptable): 2200 Centrepark West Drive

Suite, Apt. #, Etc.: Suite 100

City: WEST PALM BEACH State: FL Zip Code: 33409

800004640148--7
-10/17/01--01076--002
*****5.00 *****5.00

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: Pamela J Waldorf
REGISTERED AGENT MUST SIGN

Date: 10/9/01

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SYED ASADULLAH KAZMI	11685 Maidstone Drive	W.PB. FL 33414
MGR	AYESHA KAZMI	11685 Maidstone Dr.	WPB, FL 33414

800004640148--7
-10/17/01--01076--003
*****150.00 *****150.00

10-10-01

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 608.408, 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 Daytime Phone #: (561) 753-7614

Typed or printed name of signing Managing Member/Manager: Syed Asadullah Kazmi