

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L00000015571

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -2 PM 4: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015571

1. Limited Liability Company's Name
Saadi Investments, LLC

2. Principal Office Address
16304 Royal Park Court

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
47896

Country
USA

3. Mailing Office Address
16304 Royal Park Court

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33647

Country
USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida December 2000

6. FEI Number 65-1062915

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
Nibal Elsaadi

Street Address (P.O. Box Number is Not Acceptable)
16304 Royal Park Court

Suite, Apt. #, Etc.

City
Tampa, FL

State
FL

Zip Code
33647

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

Nibal Elsaadi

REGISTERED AGENT MUST SIGN

Date 4-28-03

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
Mr	Nibal Elsaadi	16304 Royal Park Court	Tampa, FL 33647

REINSTATEMENT 2002-2003

(Signature)

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

Nibal Elsaadi

Member Date 4-28-04

Daytime Phone# (813) 631-1806

Typed or printed name of signing Managing Member/Manager

NIBAL ELSAADI

CR2E041(10/02)