

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

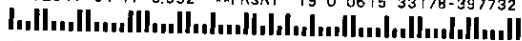
APPLICATION
FOR
REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000001798

Name and Mailing Address

0002917 01 FP 0.352 **PRSRT T9 0 0615 33178-397732



SALIBI ENTERPRISES, L.L.C.
10801 NW 50TH STREET, #107
MIAMI FL 33178-3977

03 JAN -6 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009860536
01/06/03--01029--004 **200.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

10801 NW 50TH STREET, #107
MIAMI FL 33178

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/31/2001

6. FEI Number

651073545

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

SALIBI, AREF N
10801 NW 50TH STREET, #107
MIAMI FL 33178

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Aref Salibi

Date 12/30/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
OWNER/ MANAGER	AREF N. SALIBI	10801 NW 50th St. #107 MIAMI, FL 33178	MIAMI, FL 33178

REINSTATEMENT

2002-2003

AL

12. 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

Aref Salibi

Date 12/30/02

Daytime Phone # 305-592-1900

305-632-1173

Typed or printed name of signing Managing Member/Manager