

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

03 APR 21 AM 9:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # **LO1000004615**

1. Limited Liability Company's Name

PHONE CARD DEPOT DALLAS, LLC

300016378723

04/21/03--01035--026 **205.00

4/21 2002-2003

2. Principal Office Address

1215 W. NEWPORT CTR DR

Suite, Apt. #, etc.

3. Mailing Office Address

1215 W. NEWPORT CTR DR

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

BROWARD

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

BROWARD

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

3/22/2001

6. FEI Number

56-2611748

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

MARKATIA, MOHAMMED A

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

1215 W. NEWPORT CTR DR

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33442

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

M. A. Markatia

REGISTERED AGENT MUST SIGN

Date **4.14.3**

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
CEO	MARKATIA, M.A.	1215 W. NEWPORT CTR DR	DEERFIELD BEACH FL. 33442

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

M. A. Markatia

Date

4.14.3

Daytime Phone #

954-418-8620

Typed or printed name of signing Managing Member/Manager