


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 14 AM 10:39

SEC. OF STATE
TALLAHASSEE, FLORIDA

MJB

DOCUMENT # L0100000 4629

1. Limited Liability Company's Name

FAIRDEAL DISTRIBUTION, LLC

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

City & State

DEERFIELD BEACH, FL

Zip

33442 BROWARD

Country

Zip

33442 BROWARD

Country

4. State/Country of Formation

FLORIDA U.S.A.

5. Date Organized or Qualified To Do Business in Florida

3/22/2001

6. FEI Number

58-261-1756

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

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. MGR	1215 W. NEWPORT CTR DR	DEERFIELD BEACH FL 33442

REINSTATEMENT

2003-2004

01-29-03 90864 027 155.00
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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

Daytime Phone # 954-418-8620

Typed or printed name of signing Managing Member/Manager MOHAMMED A. MARKATIA

CR2E041 (10/02)