

LO1000004632

PLEASE READ AND INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

03 APR 21 AM 9:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *LO1000004632*

1. Limited Liability Company's Name

ARIZONA PREPAID PRODUCTS, LLC

900016378769
04/21/03--01035--027 **205.00

MJH

2. Principal Office Address

1215 NEWPORT CTR DR

Suite, Apt. #, etc.

3. Mailing Office Address

1215 NEWPORT CTR DR

Suite, Apt. #, etc.

4/21 2002-2003

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

3/22/2001

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

BROWARD

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

BROWARD

6. FEI Number

58-2611759

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☒

\$3.00 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)

Suite, Apt. #, Etc.

1215 W. NEWPORT CTR DR

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. J. 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. J. Markatia

Date

4-14-3

Daytime Phone #

954-418-8620

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)