

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LO1000004633

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 21 AM 9:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **LO1000004633**

1. Limited Liability Company's Name
PEACHTREE TELEPRODUCTS, LLC

700016378787
04/21/03--01035--028 **205.00
4/21 2002-2003

2. Principal Office Address 1215 W. NEWPORT CIR DR Suite, Apt. #, etc.		3. Mailing Office Address 1215 W. NEWPORT CIR DR Suite, Apt. #, etc.	
City & State DEERFIELD BEACH, FL		City & State DEERFIELD BEACH, FL	
Zip 33442	Country BROWARD	Zip 33442	Country BROWARD

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 3/22/2001	
6. FEI Number 58-2611757	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
MARKATIA MUHAMMED A

Street Address (P.O. Box Number is Not Acceptable)
1215 W. NEWPORT CIR 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. J. Markatia** Date **4.14.3**

REGISTERED AGENT MUST SIGN

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
CFO	MARKATIA, M. A.	1215 W. NEWPORT CIR 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