

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -7 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 01000005556

1. Limited Liability Company's Name

check-up usa llc

2. Principal Office Address

1417

3. Mailing Office Address

1417

Suite, Apt. #, etc.

south 14th street

Suite, Apt. #, etc.

south 14th street

City & State

leesburg-fl

City & State

leesburg fl

Zip

34748

Country

Zip

34748

Country

4. State/Country of Formation

florida

5. Date Organized or Qualified
To Do Business in Florida

april 6th 2001

6. FEI Number

593735678

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

FIROZ SAYANI

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

1417 SOUTH 14TH STREET

Suite, Apt. #, Etc.

City

LEESBURG

State

FL

Zip Code

34748

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

[Signature]

Date 3-3-2004

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
MEM	FIROZ SAYANI	1417 SOUTH 14TH STREET	LEESBURG FL 34748

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

[Signature]

Date 3-3-2004

Daytime Phone # 352 217 3955

Typed or printed name of signing Managing Member/Manager FIROZ SAYANI

CR2E041 (10/02)