

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

03 JAN -8 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L01000006961

1. DOCUMENT # L01000006961
Name and Mailing Address

0005263 01 FP 0.352 **PRSRT T6 0 0615 33761-120144
AZAADEE, L.L.C.
2644 BEAUMONT COURT
CLEARWATER FL 33761-1201

REINSTATEMENT 2002-2003



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2644 BEAUMONT COURT CLEARWATER FL 33761		5. Date Organized or Qualified To Do Business in Florida 04/30/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3722323	Applied For <input checked="" type="checkbox"/> 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 BARNES, ROBERT L JR. 2655 MCCORMICK DRIVE TEW, BARNES & ATKINSON, L.L.P. CLEARWATER FL 33759		9. Name and Address of New Registered Agent Name DILIP PATEL Street Address (P.O. Box Number is Not Acceptable) 2963 GULF TO BAY BOULEVARD, SUITE 208 City CLEARWATER FL Zip Code 33759	
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10. 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 1/3/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SINGH, ANANDBIR	2644 BEAUMONT COURT	CLEARWATER FL 33761
MGRM	GUDIHAL, SUHAS	2644 BEAUMONT COURT	CLEARWATER, FL, 33761
			400009954374 01/08/03--01044--004 **205.00
			<i>[Signature]</i>

12. 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 1/3/03 Daytime Phone # 727-787-9023
2727-787-9814

CR2E084 (8/02)