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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000008916

FILED
02 DEC 17 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000008916

Name and Mailing Address

0006121 01 FP 0.352 **PRSRT T9 0 0615 32256-147229

CARMEL TOP, L.L.C.
9929 ORCHARD HILLS ROAD
JACKSONVILLE FL 32256-1472

600009312815
12/03/02--01028--001 **150.00

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 06/04/2001

Principal Place of Business: 9929 ORCHARD HILLS ROAD, JACKSONVILLE FL 32256

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 59-3722640 ☐ 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

ASHCHI, MAJDI
9929 ORCHARD HILLS ROAD
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____ Date 11/25/02

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
President	Majdi Ashchi	9929 orchard Hills Rd	Jax, FL 32256
Secretary	Yazan Khatib	10901 Burnt Mill Rd #501 Jax FL 32256	
Vice President	Sunwook Kim-Ashchi	9929 orchard Hills Rd	Jax FL 32256
Treasurer	Dima Khatib	10901 Burnt Mill Rd #501	Jax FL 32256.
		REINSTATEMENT 2002 BK	

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 _____ Date 11/25/02 Daytime Phone # 904/493 3333

Typed or printed name of signing Managing Member/Manager: Majdi Ashchi, P.O.