

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000010080

1. Limited Liability Company's Name

HANSAR CAPITAL LLC

2. Principal Office Address

450 SOUTH ORANGE AVE

Suite, Apt. #, etc.

150

City & State

ORLANDO FL

Zip

32801

Country

USA

3. Mailing Office Address

450 SOUTH ORANGE AVE

Suite, Apt. #, etc.

150

City & State

ORLANDO FL

Zip

32801

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

6/19/01

6. FEI Number

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

HABIB NAQVI

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

450 SOUTH ORANGE AVE

Suite, Apt. #, Etc.

SUITE 150

City

ORLANDO

State

FL

Zip Code

32801

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

*Habib Naqvi*

REGISTERED AGENT MUST SIGN

REINSTATEMENT 02-05  
Date

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
MEMBER PRES	HABIB NAQVI	450 S. ORANGE AVE #150	ORLANDO / FL / 32801

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07/21/05--01078--006 \*\*300.00

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

*Habib Naqvi*

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager