

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
General Services
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 12 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011973

Name and Mailing Address

0014625 01 AT 0.292 **AUTO T3 2 0615 34119-462470



BIDAK, LLC
270 MONTEREY DR.
NAPLES FL 34119-4624



2. New Mailing Address

City, State, Zip

Principal Place of Business

270 MONTEREY DR.
NAPLES FL 34119

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

07/20/2001

6. FEI Number

59-3739745

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

FELDEN, CHRISTIAN B ESQ.
3838 TAMiami TRAIL N., STE. 416
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name **BAHRAM OWLIAEI**

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

270 MONTEREY DR

City **NAPLES**

FL

Zip Code
34119

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/4/03**

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
MGR	OWLIAEI, BAHRAM	270 MONTEREY DR	NAPLES FL 34119
MGR	NOUHI, ROYA	270 MONTEREY DR	NAPLES FL 34119

700025453367
12/12/03--01013--010 **150.00

REINSTATEMENT
12/12/03

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 REQUIRED

Date **11/04/03**

Daytime Phone # **239-643-6633**

Typed or printed name of signing Managing Member/Manager