

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -6 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600011893356
02/06/03--01001--023 **50.00

0000414 01 FP 0.352 **PRSRT T2 0 0615 32746-338375
HIKMA CENTER, LLC
4106 WEST LAKE MARY BLVD.
SUITE 325
LAKE MARY FL 32746-3383



800 00135 49298

2. New Mailing Address

City, State, Zip

Principal Place of Business

4106 WEST LAKE MARY BLVD.
SUITE 325
LAKE MARY FL 32746

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

07/24/2001

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

ANSARA, ASHLEY A
4106 WEST LAKE MARY BLVD.
SUITE 325
LAKE MARY FL 32746

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

REGISTERED AGENT MUST SIGN

Date

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	ANSARA INVESTMENT, LLC	4108 WEST LAKE MARY BLVD.	LAKE MARY FL 32746
MGRM	NADIA ENTERPRISES, LLC	160 NORTH SPRING LAKE DRIVE	ALTAMONTE SPRINGS FL 32714-3408
MGRM	MAWARID ENTERPRISES, INC.	8454 INTERNATIONAL DRIVE	ORLANDO FL 32819
MGRM	DIREX MEDICAL VENTURES, LLC	200 SOUTH ORANGE AVE. SUITE 1300	ORLANDO FL 32801

UBR FOR
2002 + 2003

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

L01000012189

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HIKMA CENTER L.L.C.
4106 W. Lake Mary Blvd, Suite 325
Lake Mary, FL 32746-3383

FILED
03 FEB - 6 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 12, 2003

State of Florida
Division of Corporations
Tallahassee, FL

REF: HIKMA CENTER L.L.C.
L01000012189

To Whom It May Concern:

Enclosed herewith is an application for reinstatement for the above captioned Limited Liability Company, which has been administratively dissolved as a result of failure to file an annual report.

Please be advised that the report was not received and we only became aware of the filing requirements when we received the "Notice of Dissolution"

We have enclosed herewith a check in the amount of \$50.00 in payment of the annual fee. We respectfully request that the Limited Liability Company be reinstated and that any penalties be waived.

Thank you for your attention and anticipated Limited Liability Company in this matter.

Sincerely,

Ashley Ansara

Enclosures