

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L 01000013677

Ayman & CO., LLC

2. Principal Office Address - No P.O. Box #

1879 Nightingale Lane

Suite, Apt. #, etc.

A-1

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TAVARES FL

City & State

Zip

32778

Country

U.S

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2001

6. FEI Number

651135059

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

SHAHBAZ SHUJA

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

1879 Nightingale Ln

Suite, Apt. #, Etc.

A-1

City

Tavares

State

FL

Zip Code

32778

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

due to Change of address -

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

REGISTERED AGENT MUST SIGN

Date

10/28/08

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
MEM	SHAHBAZ SHUJA	778 Bear Creek Circle	Winter Springs FL 32708
MEM	Arousha SHUJA	778 Bear Creek Circle	Winter Springs FL 32708

REINSTATEMENT

2007-08

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11/21/08--01037--013 **277.50

~~2008~~

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

Date

10/28/08

Daytime Phone #

407 673 9613

Typed or printed name of signing Managing Member/Manager

SHAHBAZ SHUJA