

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L01000014068

1. Limited Liability Company's Name

CHIBANI LLC,

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 18 AM 11:04

300065075343
02/02/06--01020--007 **250.00

CR2E041 (8/05)

2. Principal Office Address

20827 VIA MADEIRA DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOCA-RATON, FL

City & State

Zip
33433

Country
U.S.A

Zip

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

08/21/2001

6. FEI Number

651134336

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

ROY GLASSBERG

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

123 NW 13th Street #313

Suite, Apt. #, Etc.

City

BOCA-RATON

State
FL

Zip Code

33433

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

R. Glassberg

Date

01/10/2006

REGISTERED AGENT MUST SIGN

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	A-KHAROUSI Hicham	20827 VIA MADEIRA DRIVE BOCA-RATON, FL 33433	BOCA-RATON, FL 33433

REINSTATEMENT

04-06

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

A. Khrousi

Date

01/10/2006

Daytime Phone

(561) 866 8031

Typed or printed name of signing Managing Member/Manager