

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 AUG 17 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 01000019095

1. Limited Liability Company's Name

AGENDA LLC

2. Principal Office Address

4060 GARTOCEAN DR.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

Zip

33308

Country

USA

3. Mailing Office Address

370 WEST CAMINO GARDEN BLVD.

Suite, Apt. #, etc.

111

City & State

BOCA RATON, FL.

Zip

33432

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

11/06/01

6. FEI Number

65-1152841

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

GERALD D'AMBROSIO

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

370 WEST CAMINO GARDEN BLVD.

Suite, Apt. #, Etc.

111

City

BOCA RATON

State

FL

Zip Code

33432

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

Gerald D'Ambrosio

REGISTERED AGENT MUST SIGN

Date

8/16/2004

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
MAN. Member	Alex KAVIANY	4060 GARTOCEAN DR.	FT. LAUD, FL 33308

**REINSTATEMENT** 02-0.4 GA

700040243227  
08/17/04--01028--001 \*\*250.00

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

Alex Kaviany

Date

8/16/04

Daytime Phone #

954-564-6166

Typed or printed name of signing Managing Member/Manager

Alex KAVIANY

CR2ED-01 (10/02)