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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.									
APPLICATION FOR REINSTATEMENT									
1. DOCUMENT # L01000020252 Name and Mailing Address									
0017845 01 IN 0,000 D615 48484									
	608 SANIBEL SIESTA L.L.C. C/O MAHMOOD HAI . <u>47077-BING DR</u> CANTON OH 48484								
2. New Mailing Address 8102 HYANNIS CT					try of Formation				
City, State, Zip CANTON, M.I. 48187				5. Date Organized or Qualified To Do Business in Florida 11/23/2001					
SANIBEL SIESTA			3. New Principal Place of Business Address 608 SANIBEL SIESTA		6. FEI Number Applied For NOT APPLICABLE Not Applicable				
		City, State, Zip SANIBEL ISLAND, FL33957		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee require for a Certificate of Status		5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent					Address of New Register	ed Agent			
1246	MAHMOOD FULGAR ST., UNIT #608 BEL FL 33957	Street Address (P.O. Box 010102954757903 12/24/03-01049-016 **150.00							
			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 Mahaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa									
11. Name	es and Street Addresses of Each Managing								
Title(s)	Name of Managing Members/Managers	F	eet Address of Each ging Member/Mana		City / t	State / Zip			
MGRM	HAT, MAHMOOD A		8102 HYANNIS		CANTON MI 48187	مەرىپ يەرىپە			
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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/Manage									
Typed or printed name of signing Managing Member/Manager									