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# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000002431

1. Entity Name  
MIRACLE PROPERTY LLC



FILED

04 NOV -9 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
902 E BUSCH BLVD  
TAMPA, FL 33612

Mailing Address  
902 E BUSCH BLVD  
TAMPA, FL 33612

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



11012004 REIN-LLC CR2E101 (6/04)

4. FEI Number  
02-0545664

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~BENKERROUM, KHALID~~  
902 E BUSCH BLVD  
TAMPA, FL 33612

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

### 9. MANAGING MEMBERS/MANAGERS

### 10. ADDITIONS/CHANGES

TITLE MGRM  Delete  
NAME BENKERROUM, KHALID  
STREET ADDRESS 267 CHININA DR  
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE  Change  Addition  
NAME 902 E BUSCH BLVD  
STREET ADDRESS TAMPA FL 33612  
CITY-ST-ZIP

TITLE MGRM  Delete  
NAME TOUNSI, BOUCHAIB  
STREET ADDRESS 902 E BUSCH BLVD  
CITY-ST-ZIP TAMPA, FL 33612

TITLE  Change  Addition  
NAME 000042605920  
STREET ADDRESS 11/09/04--01067--010 \*\*50.00  
CITY-ST-ZIP

TITLE MGRM  Delete  
NAME TOYNSSI, ABELLATIF  
STREET ADDRESS 902 E BUSCH BLVD  
CITY-ST-ZIP TAMPA, FL 33612

TITLE  Change  Addition  
NAME TOUNSSI  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**REINSTATEMENT**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Khalid Benkerroum KHALID BENKERROUM 11/5/04 813 935-2305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MIRACLE PROPERTY LLC.

FROM: KHALID BENKERROUM

11/5/14

902 E BUSCH BLVD

TAMPA FL 33612

PHONE: 813 935-2305

TO: FLORIDA DEPARTMENT OF REVENUE

P.O. Box 6327

TALLAHASSEE, FL 32314

FILED  
04 NOV - 9 PM 11:36  
SECRETARY OF REVENUE  
TALLAHASSEE, FLORIDA

RE: REMOVAL OF REINSTATEMENT FEE

TO WHOM IT MAY CONCERN,

PLEASE BE AWARE THAT I NEVER RECEIVED A

NOTICE OF RENEWAL DURING THE YEAR OF 2004.

PLEASE REMOVE THE FEE ASSESSED FOR REINSTATEMENT.

I ENCLOSED A CHECK IN THE AMOUNT OF fifty Dollars TO  
COVER FOR RENEWAL.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY,

KHALID