

L02000005565

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000024281046
10/30/03--01015--017 **155.00

DOCUMENT # L02000005565

1. Limited Liability Company's Name
Shenandoah Realty, LLC

2. Principal Office Address
2830 West 1st Street

3. Mailing Office Address
2830 West 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville

City & State
Jacksonville

Zip Country
FL USA

Zip Country
FL USA

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
3/05/2002

6. FEI Number
45-0507746

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
Seyed M. Moghani

Street Address (P.O. Box Number is Not Acceptable)
2830 West 1st Street

Suite, Apt. #, Etc.

City
Jacksonville

State Zip Code
FL 32254

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

Date
10/8/03

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
MGRM	Seyed M. Moghani	2830 W. 1st Street	Jacksonville, FL 32254

REINSTATEMENT

OB-cus
dec

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 10/8/03 Daytime Phone# 305 799-2545

Typed or printed name of signing Managing Member/Manager
Seyed M. Moghani

CR2E041 (10/02)