
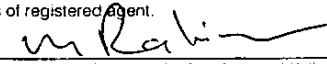
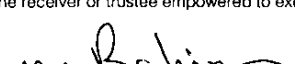


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L02000009622</b> 1. Entity Name <b>RAYA PROPERTIES OF COLLIER COUNTY FLORIDA, L.L.C.</b>					
Principal Place of Business <b>4522 EXECUTIVE DR. SUITE 103 NAPLES, FL 34119</b>			Mailing Address <b>4522 EXECUTIVE DR. SUITE 103 NAPLES, FL 34119</b>		
2. Principal Place of Business - No P.O. Box # <b>7117 Pelican Bay Blvd</b>		3. Mailing Address <b>14600 Farmington Road</b>			
Suite, Apt. #, etc. <b>Apt 1508</b>		Suite, Apt. #, etc. <b>Suite 105</b>			
City & State <b>Naples, FL</b>		City & State <b>Livonia, MI</b>		4. FEI Number <b>73-1649447</b>	
Zip <b>34108</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>48154</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAHIM, MAHMOUD MD 7117 PELICAN BAY BLVD. APT.1508 SUITE 103 NAPLES, FL 34108</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>Mahmoud Rahim, Reg. Agent</b> </div> <div style="width: 30%; text-align: right;"> <b>9/26/07</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAHIM, MAHMOUD 4885 FAIRVIEW COURT WEST BLOOMFIELD, MI 48322	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABDULHUSSAIN, RAYA 4885 FAIRVIEW COURT WEST BLOOMFIELD, MI 48322	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE:   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 30%; text-align: center;"> <b>Mahmoud Rahim, Mgr/Member</b> </div> <div style="width: 30%; text-align: right;"> <b>9/26/07</b>  <small>Date</small> </div> </div>					



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SEL...  
CALL... 877-877-8777



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**REINSTATEMENT**