

**L02000010821**

**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  
  
800024281108  
10/30/03--01015--021 \*\$150.00

**DOCUMENT # L02000010821**  
1. Limited Liability Company's Name  
**PHD DEVELOPMENT LLC**

2. Principal Office Address <b>1592 BLUE JAY CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>SAME</b> Suite, Apt. #, etc.	
City & State <b>WESTON FL</b>		City & State	
Zip <b>33327</b>	Country <b>USA</b>	Zip	Country

4. State/Country of Formation <b>FLORIDA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>04/30/82</b>	
6. FEI Number <b>43-1959669</b>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <b>ADNAN KABARRA</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1592 BLUE JAY CIRCLE</b>			
Suite, Apt. #, Etc.			
City <b>WESTON</b>		State <b>FL</b>	Zip Code <b>33327</b>

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 *Adnan Kabarra* Date 10-08-03  
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
<b>PRES</b>	<b>ADNAN KABARRA</b>	<b>1592 BLUEJAY CIRCLE</b>	<b>WESTON FL 33327</b>
	<b>DILKA INVESTMENTS LLC</b>	<b>20191 E COUNTRY CLUB DR</b>	<b>AVENTURA FL 33318</b>

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 *Adnan Kabarra* Date 10-08-03 Daytime Phone # 954-389-4746  
Typed or printed name of signing Managing Member/Manager **ADNAN KABARRA**

CRZE041 (10/02)