

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

2003 DEC 15 PM 1:39

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000012372

Name and Mailing Address

0007193 01 AT 0.292 **AUTO T7 0 0615 33169-581820



ITD, LLC

1020 NW 163RD DRIVE

MIAMI FL 33169-5818



2. New Mailing Address

City, State, Zip

Principal Place of Business

1020 NW 163RD DRIVE
MIAMI FL 33169

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/15/2002

6. FEI Number

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

VERE TIMOTHY KHAN
16353 NW 13TH STREET
PEMBROKE PINES FL 33028

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

100025491021
12/15/03--01019--021 **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

SIGNATURE REQUIRED

Date 11/13/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	VERE TIMOTHY KHAN	16353 NW 13TH STREET	PEMBROKE PINES, FL 33028

REINSTATEMENT 2003

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/Manager

SIGNATURE REQUIRED

Date 11/13/03

Daytime Phone # (305) 914-3480

Typed or printed name of signing Managing Member/Manager

VERE TIMOTHY KHAN