

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda F. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 18 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000016882

Name and Mailing Address

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108 BEADS, LLC.  
10722 NW 1ST COURT  
PLANTATION FL 33324-1567



|  |  |   |  |
|--|--|---|--|
| 2. New Mailing Address<br><b>799 E. Oakland Park Blvd.</b>                       |  | 4. State/Country of Formation<br><b>FL</b>  |  |
| City, State, Zip<br><b>Oakland Park FL 33334</b>                                 |  | 5. Date Organized or Qualified To Do Business in Florida<br><b>07/03/2002</b>   |  |
| Principal Place of Business<br><b>10722 NW 1ST COURT<br/>PLANTATION FL 33324</b> | 3. New Principal Place of Business Address<br><br>City, State, Zip | 6. FEI Number<br><b>52-2367-029</b>   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|  |  | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b> |  |

|   |  |  |  |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent<br><br><b>SUKHU, LEELA<br/>10722 NW 1ST COURT<br/>PLANTATION FL 33324</b> |  | 9. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 **Leela R. Sukhu** **SIGNATURE REQUIRED** Date \_\_\_\_\_  
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            |
| President  | <b>Leela R. Sukhu</b>             | <b>10722 NW 1st Ct.</b>                        | <b>Plantation FL 33324</b>    |
| Secretary  | <b>Anand Sukhu</b>                | <b>10722 NW 1st Ct.</b>                        | <b>Plantation FL 33324</b>    |
| Treasurer  | <b>Sattya Sukhu</b>               | <b>2131 N. Ocean Blvd #14</b>                  | <b>Ft Lauderdale FL 33305</b> |
|  |                                   |  |                               |
|  |                                   |  |                               |
|  |                                   |  |                               |
|  |                                   |  |                               |

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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager