

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 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT #

L02000018454

1. Limited Liability Company's Name

iTi Development, LLC

2. Principal Office Address

3001 N. Rocky Point Dr. E

Suite, Apt. #, etc.

Suite #335

City & State

Tampa, FL

Zip

33607

Country

US

3. Mailing Office Address

3001 N. Rocky Point Dr. E

Suite, Apt. #, etc.

Suite #335

City & State

Tampa, FL

Zip

33607

Country

US

4. State/Country of Formation

Florida, US

**5. Date Organized or Qualified
To Do Business in Florida**

07/22/02

6. FEI Number

59-3749033

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

Richard T. Pettit

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

500 E. Kennedy Blvd.

Suite, Apt. #, Etc.

Suite #200

City

Tampa

State

FL

Zip Code

33607

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/20/03

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
MGR	Reza Yazdani	3001 N. Rocky Point Dr., #335	Tampa, FL 33607

REINSTATEMENT 2003

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

10/15/03 Daytime Phone # (813) 281-2929

Typed or printed name of signing Managing Member/Manager

Reza Yazdani

CR2E041 (10/02)