

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 NOV 29 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *L02000020922*

1. Limited Liability Company's Name

DINSONLINE.COM LLC

2. Principal Office Address

1215 W. NEWPORT CTR DR

Suite, Apt. #, etc.

3. Mailing Office Address

1215 W. NEWPORT CTR DR

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH

City & State

DEERFIELD BEACH

Zip

171

Country

BROWARD

Zip

33442

Country

U.S.A

4. State/Country of Formation

BROWARD

5. Date Organized or Qualified
To Do Business in Florida

8/15/02

6. FEI Number

043708489

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

MOHAMMED A. MARKATIA

600042319696

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

1215 W. NEWPORT CTR DR

*10/29/04--01073--002 **15.00*

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33442

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

M. A. Markatia

Date

11/2/04

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
<i>CEO</i>	<i>MOHAMMED A. MARKATIA</i>	<i>1215 W. NEWPORT CTR DR</i>	<i>DEERFIELD BEACH FL 33442</i>

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

M. A. Markatia

Date

11/29/04

Daytime Phone #

954-718-8620

Typed or printed name of signing Managing Member/Manager

MOHAMMED A. MARKATIA CEO

CR2E041 (10/02)