

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08, 2004 8:00 A.M.
Secretary of State

DOCUMENT # L02000021000

1. Limited Liability Company's Name

ASTRA-GAL, LLC

2. Principal Office Address

1940 NE 47 Street

Suite, Apt. #, etc.

#1

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida/USA

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

08/15/02

6. FEI Number

02-0639561

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

Salem Habal

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

1940 NE 47 Street

Suite, Apt. #, Etc.

Suite 1

City

Fort Lauderdale

State

FL

Zip Code

33308

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

REGISTERED AGENT MUST SIGN

Date

9-30-04

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
MGRM	Sandra Habal	1940 NE 47 Street, #1	Ft. Lauderdale, FL 33308
MGR	Salem Habal	1940 NE 47 Street, #1	Ft. Lauderdale, FL 33308
MGR	Tarek Habal	1940 NE 47 Street, #1	Ft. Lauderdale, FL 33308

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

9-30-04

Daytime Phone #

954-4944435

Typed or printed name of signing Managing Member/Manager

Salem Habal

CR2E041 (10/02)