

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 AM 10:40

DOCUMENT #

LO2000029489

1. Limited Liability Company's Name

EXCHANGE GROUP, LLC

2. Principal Office Address

3061 SEIGNEURY DR.

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

Zip

34786

Country

USA

3. Mailing Office Address

3061 SEIGNEURY DR.

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

Zip

34786

Country

USA

4. State/Country of Formation

FLORIDA, USA

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

11/04/2002

6. FEI Number

20-2224940

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

Amr T. Gawad

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

3061 SEIGNEURY DRIVE

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

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 1/26/05

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	Amr T. Gawad	3061 SEIGNEURY DR.	WINDERMERE, FL 34786
MGR	Tarek Hegazy	6018 SHORELINE DR.	ORLANDO, FL 32819
			400046086224 02/07/05--01035--014 **250.00

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 1/26/05 Daytime Phone # (407) 909-3066

Typed or printed name of signing Managing Member/Manager