

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 SEP 10 P 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO20000033166

1. Limited Liability Company's Name

Asset Realty LLC

2. Principal Office Address

2120 Ronald Reagan Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Zip

32750

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Dec 11, 2002

6. FEI Number

☒ 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

Patricia FBH

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

2120 Ronald Reagan Blvd

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

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

Patricia A FBH

Date August 13th, 2004

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
Mgr	<u>Waheeda M. Manji</u>	<u>2417 Atagua Drive</u>	<u>Longwood, FL 32779</u>
		<u>100041525581</u>	
		<u>10/01/04--01017--007 **50.00</u>	
		<u>100041525581</u>	
		<u>10/01/04--01017--008 **150.00</u>	
		REINSTATEMENT	<u>03-04</u>
		ALI	
			<u>21 200-00</u>

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

Waheeda Manji

Date

8/13/04

Daytime Phone #

407-330-7383

Typed or printed name of signing Managing Member/Manager

Waheeda Manji