

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000033450

1. Limited Liability Company's Name

HAKIMI, LLC

2. Principal Office Address

6556 N. STATE RD 7

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

Zip

33073

Country

3. Mailing Office Address

6556 N. STATE RD 7

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

Zip

33073

Country

4. State/Country of Formation

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

12/13/2002

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

HATIM RAMPURAWALA

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

3335 PINEWALK DR. NORTH

Suite, Apt. #, Etc.

#16-202

City

MARGATE

State

FL

Zip Code

33063

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

Date JAN-15-04

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
MGRM	HATIM RAMPURAWALA	3335 PINEWALK DR N. #16-202	MARGATE, FL 33063

REINSTATEMENT 2003-2004

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 JAN-15-04

Daytime Phone # (954)422-8845

Typed or printed name of signing Managing Member/Manager HATIM RAMPURAWALA

CR2E 041 (10/02)