

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
CORPORATIONS
05 DEC 13 AM 9:24

DOCUMENT # L03000005931

1. Limited Liability Company's Name

ALL NOISE CONTROL LLC

2. Principal Office Address

3694 23RD AVENUE

3. Mailing Office Address

3694 23RD AVENUE

Suite, Apt. #, etc.

UNIT # 2

Suite, Apt. #, etc.

UNIT # 2

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33461

Country

USA

Zip

33461

Country

USA

CR2E041 (8/05)

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

02/18/2003

6. FEI Number

82-0589582

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

SALMAN I SHEIKH

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

3694 23RD AVENUE

700062120167
12/13/05--01042--016 **200 00

Suite, Apt. #, Etc.

UNIT # 2

City

LAKE WORTH

State

FL

Zip Code

33461

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 DECEMBER 2ND 2005

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
MM	SALMAN I SHEIKH	3694 23RD AVENUE	LAKE WORTH, FL 33461
M	IVETTE MALENDEZ	3694 23RD AVENUE	LAKE WORTH, FL 33461
			04-05

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 12/02/05

Daytime Phone #

(561) 734-8599

Typed or printed name of signing Managing Member/Manager

SALMAN I SHEIKH