

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

06 NOV -9 PM 11:13

DOCUMENT # L03000020019

1. Limited Liability Company's Name

FIZA INNOVATIONS, LLC

2. Principal Office Address

7331 SANDLAKE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip
32819

Country
USA

Zip

Country

4. State/Country of Formation

FLORIDA, USA

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

06/03/2003

6. FEI Number

42-1593623

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

HUSSAIN ALI

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

7331 SANDLAKE ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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

Hussain Ali

Date **11/07/06**

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	HUSSAIN ALI	7331 SANDLAKE ROAD	ORLANDO, FL. 32819
MGRM	AMINA H. ALI	7331 SANDLAKE ROAD	ORLANDO, FL. 32819

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

Hussain Ali

Date **11/07/2006**

Daytime Phone # **407-423-2371**

Typed or printed name of signing Managing Member/Manager