

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 OCT 23 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000021197

1. Limited Liability Company's Name

ROOTS OF AFRICA, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

27 N. SUMMERLIN AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32746

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA- SEMINOLE COUNTY

5. Date Organized or Qualified

To Do Business in Florida

6. FEI Number

20-1112838

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

STONE, STEPHEN M

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

725 NORTH MAGNOLIA AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 10/17/07

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGRAM  | JAFFER, SADIQUE                      | 27 N. SUMMERLIN AVE.                              | ORLANDO, FL 32801  |
| MGRAM  | JAFFER MOHAMMEDTAKI                  | 1738 BRIDGEWATER DR                               | ORLANDO, FL 32746  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

400111188534  
10/23/07--01014--017 \*\*\$300.00

REINSTATEMENT 04-07

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 10/15/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager