2005-2006 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY ~~REINSTATEMENT~~ Annual Report

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 31 PM 12:00

DOCUMENT # L03000024728

CR2E041 (8/05)

1. Limited Liability Company's Name
MEHAK INVESTMENTS, L.L.C.

2. Principal Office Address	3. Mailing Office Address
3577 CONROY RD. APT. 312	3577 CONROY RD. APT. 312
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO,FL
Zip: 32839 Country:	Zip: 32839 Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business In Florida: 07/08/2003

6. FEI Number: 20-0075877 ☐ 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: MANJANI, NAUSHAD

Street Address (P.O. Box Number is Not Acceptable): 3577 CONROY RD. APT. 312

100059278331
04/03/06--01003--008 **200.00

Suite, Apt. #, Etc.

City: ORLANDO State: FL Zip Code: 32839

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: [signature] Date: 03/28/06

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	NAUSHAD MANJANI	3577 CONROY RD. APT. 312	ORLANDO, FL 32839
	FF $100		LLC admin. diss in 2004 in error - 2004 AR not updated. - Vlt 3/31
	OP $100		

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: [signature] Date: 03/28/06 Daytime Phone # 407 468 3917

Typed or printed name of signing Managing Member/Manager: NAUSHAD MANJANI