2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 10, 2004
Secretary of State

DOCUMENT# L03000041069

Entity Name: ORLANDO WHOLESALE, L.L.C.

Current Principal Place of Business:

9456 2ND AVE.
TAFT, FL 32824

New Principal Place of Business:

Current Mailing Address:

9456 2ND AVE.
TAFT, FL 32824

New Mailing Address:

FEI Number: 20-0351983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISANI, SHAKIL
9456 2ND AVE.
TAFT, FL 32824 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	ISANI, SHAKIL	
Address:	9456 2ND AVE.	
City-St-Zip:	TAFT, FL 32824	
Title:	MGRM	( ) Delete
Name:	MAWANI, YUSUF	
Address:	9456 2ND AVE.	
City-St-Zip:	TAFT, FL 32824	
Title:	MGRM	( ) Delete
Name:	DESAI, HIREN	
Address:	9456 2ND AVE.	
City-St-Zip:	TAFT, FL 32824	
Title:	MGRM	( ) Delete
Name:	ISANI, ZOHEB	
Address:	9456 2ND AVE.	
City-St-Zip:	TAFT, FL 32824	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHAKIL ISANI MGRM 12/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date