

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

09 FEB 23 PM 12:49

DOCUMENT # **LO4000009893**

1. Limited Liability Company's Name

AXIOM, LLC.

REINSTATEMENT 0759 GEM

CR2E041 (10/08)

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

14516 CLIFTY CT

Suite, Apt. #, etc.

3. Mailing Office Address

14516 CLIFTY CT

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA / HILLSBOROUGH

5. Date Organized or Qualified To Do Business in Florida

03/01/2004

City & State

TAMPA, FL

City & State

TAMPA, FL

6. FEI Number

20-0738546

Applied For

Not Applicable

Zip

33624

Country

USA

Zip

33624

Country

USA

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

RAJESH P ASHTAPUTRE

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

14516 CLIFTY CT

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

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

Rajesh Ashtaputre

Date

02/18/2009

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 |
|-----------|-----------------------------------|--|---|
| President | RAJESH P ASHTAPUTRE | 14516 CLIFTY CT | TAMPA, FL 33624 |
| | | | 400144174104 02/23/09--01010--026 **521.25 |
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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

Rajesh Ashtaputre

Date

02/18/09

Daytime Phone #

813.966.9124

Typed or printed name of signing Managing Member/Manager