

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 DEC 18 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000017008

1. Limited Liability Company's Name

Mall Mex, LLC

CR2E041 (10/08)

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

7680 Universal Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

195

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32819

Country

US

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 3/4/04

6. FEI Number

20-0808305

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

Rashid Choufani

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

7680 Universal Blvd

Suite, Apt. #, Etc.

195

City

Orlando

State

FL

Zip Code

32819

☒ 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 12/16/08

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	Rashid Choufani	7680 Universal Blvd, Suite 195	Orlando, Florida 32819

300139102593  
12/17/08--01034--001 \*\*282.50

REINSTATEMENT

07-08

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 12/16/08

Daytime Phone# 407-226-1433

Typed or printed name of signing Managing Member/Manager Rashid Choufani