PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 16 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/23/08--01014--010 **138.75

CR2E041 (10/08)

DOCUMENT # L 04000025361

1. Limited Liability Company's Name
KHAKIANN ENTERPRISES, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2579 OAK ST		2579 OAK ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
JACKSONVILLE		JACKSONVILLE	
Zip	Country	Zip	Country
32204	USA	32204	USA

4. State/Country of Formation: USA
5. Date Organized or Qualified To Do Business in Florida: 9-23-05
6. FEI Number: 200955351 — ☑ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent
Name: DANIEL D. AKEL
Street Address (P.O. Box Number is Not Acceptable): ONE INDEPENDENT DR
Suite, Apt. #, Etc.: STE 2301
City: JACKSONVILLE State: FL Zip Code: 32202

☐ 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: [signature] Date: 11-5-08
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
MGR	PAUL MCCORMICK	2579 OAK ST.	JACKSONVILLE, FL 32204
			11/12/08 01004 010
	REINSTATEMENT		$377.50
			06,08

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 does satisfy 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: 11-5-08 Daytime Phone # 904-388-2131

Typed or printed name of signing Managing Member/Manager