PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP -1 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L04000030172

1. Limited Liability Company's Name
RAMAZAN KERIMI LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8145 MOSSBORGER AVE NORTH PORT, FL, 34287	SAME
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: NORTH PORT, FL	City & State: SAME
Zip: 34287 Country: SARASOTA	Zip: 34287 Country: SARASOTA

4. State/Country of Formation: FLORIDA / SARASOTA

5. Date Organized or Qualified To Do Business in Florida: 05/28/2005

6. FEI Number: ___ Applied For ___ X 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: RAMAZAN KERIMI
Street Address (P.O. Box Number is Not Acceptable): 8145 MOSSEBORGER AVE
Suite, Apt. #, Etc.: NORTH PORT, FL, 34287
City: | State: FL | Zip Code:

X 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: Ramazan Kerimi Date: 8-9-09
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
		S. HAWKES	500159476615
		SEP 01 2009	08/11/09--01032--007 **70.00
		EXAMINER	500159983425
	REINSTATEMENT		08/27/09--01003--003 **655.00
	2006/09		
		655.00	

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: X _____ Date: 8-24-09 Daytime Phone: 941-416-7460

Typed or printed name of signing Managing Member/Manager: _____

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2009

RAMAZAN KERIMI LLC
8145 MOSS BORGER AVE
NORTH PORT, FL 34287

SUBJECT: RAMIZAN KERIMI, LLC
Ref. Number: L04000030172

We have received your document for RAMIZAN KERIMI, LLC and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: $100.00 reinstatement fee; $138.75 filing fee per year for the years 2006 through 2009;and $5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is $655.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 309A00027523