

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUN -6 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000039112

1. Limited Liability Company's Name

Aktion LLC

500104113115  
06/08/07--01033--003 \*\*100.00

CR2E041 (1/07)

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

1504 Bay Road

Suite, Apt. #, etc.

1001

City & State

Miami Beach, Florida

Zip

33139

Country

3. Mailing Office Address

1504 Bay Road

Suite, Apt. #, etc.

1001

City & State

Miami Beach, Florida

Zip

33139

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

05/12/04

6. FEI Number

20-1097857

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

Ibrahim Kilani

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

1504 Bay Road

Suite, Apt. #, Etc.

1001

City

Miami Beach

State

FL

Zip Code

33139

☒ 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

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

08/02/05 90005036 \$50.00

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	IBRAHIM KILANI	1504 BAY ROAD SUITE 1001	MIAMI BEACH FL 33139

REINSTATEMENT

0507

11. I certify that I am managing member/managers 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

*[Signature]*

Date

Daytime Phone #

(305)

972-0070

Typed or printed name of signing Managing Member/Manager