

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **L04000062025**

1. Limited Liability Company's Name

GUMAN INVESTMENTS LLC

2. Principal Office Address

1160 10th Street
Suite, Apt. #, etc.
CLERMONT

City & State

CLERMONT, Florida

Zip
34711

Country

LAKE

3. Mailing Office Address

1160 10th Street
Suite, Apt. #, etc.

City & State

CLERMONT, Florida

Zip

34711

Country

LAKE

CR2E041 (8/05)

4. State/Country of Formation

FL/USA

**5. Date Organized or Qualified
To Do Business in Florida**

8-23-2004

6. FEI Number

20-1528425

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

THORPE LYSANDER

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

6327 PINEY GLEN LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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

12/15/06

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 | GUMAN DEOBAT | 1160 10 th Street | CLERMONT, Florida 34711 |
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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

[Signature]

Date

12/15/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

DEOBAT GUMAN

December 15, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Re: (Guman investments LLC)
Document No. L04000062025

We enclose herewith the Uniform Business Report for the years 2005 and 2006 along with the fee of One Hundred Dollars (\$100.00). Our mail was rerouted incorrectly, and we never received our Uniform Business Report. Our Accountant recently made us aware that we had not submitted our Uniform Business Report for the year 2005 and 2006, which we enclose.

We realize that this report is late in coming and request an abatement of any associated penalties. Again, we apologize for the delay and assure you that this will not happen again.

Respectfully,

A handwritten signature in black ink, appearing to read "Deodat Guman", written in a cursive style.

Deodat Guman