


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000075181

1. Limited Liability Company's Name

AJANI Enterprises, LLC

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

9401 W. Colonial Dr

Suite, Apt. #, etc.

K-7

City & State

Ocoee FL

Zip

34761

Country

USA

3. Mailing Office Address

554 Heather Oak Cove

Suite, Apt. #, etc.

City & State

Altamonte Springs FL

Zip

32714

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/15/2004

6. FEI Number

20-1758894

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

Noordin Ajani

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

554 Heather Oak Cove

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

☒ 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

Ajani

Date

4/26/07

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
MEM	Noordin Ajani	554 Heather Oak Cove	Altamonte Springs, FL 32714
			600101874946 05/09/07--01006--017 **150.00
			REINSTATEMENT 05-07

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

Ajani

Date

4/26/07

Daytime Phone #

407-423-2371

Typed or printed name of signing Managing Member/Manager