


10-20-'08 11:58 FROM-

T-068 P003/007 F-790

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;">FILED <b>SECRETARY OF STATE</b> DIVISION OF CORPORATIONS</div> <div style="text-align: center; font-size: 1.2em;">08 OCT 21 PM 3:20</div> <div style="text-align: right; margin-top: 20px;">10/22/08--01003--004    **177.50</div> <div style="text-align: right; margin-top: 20px;">CR2E041 (12/07)</div>	
<b>DOCUMENT #</b> <u>104000080201</u>					
<b>1. Limited Liability Company's Name</b>  <u>AA Florida Real Estate, LLC</u>					
<b>2. Principal Office Address - No P.O. Box #</b> <u>1503 Belvedere Rd</u> <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> <u>1503 Belvedere Rd</u> <small>Suite, Apt. #, etc.</small>		<b>4. State/Country of Formation</b> <u>FLA / US</u>	
<b>City &amp; State</b> <u>West Palm Beach, FL</u>		<b>City &amp; State</b> <u>West Palm Beach, FL</u>		<b>5. Date Organized or Qualified To Do Business in Florida</b> <u>11-04-2004</u>	
<b>Zip</b> <u>33406</u>		<b>Country</b> <u>US</u>		<b>6. FEI Number</b> <u>20-3158167</u>	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>8. Name and Address of Current Registered Agent</b>				<div><input checked="" type="checkbox"/> <b>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.</b></div>	
<b>Name</b> <u>Charles S. Dale</u>				<div><input checked="" type="checkbox"/> <b>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.</b></div>	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>414 NE 4 Street</u>					
<b>Suite, Apt. #, Etc.</b>					
<b>City</b> <u>Fort Lauderdale</u>					
<b>State</b> <u>FL</u>		<b>Zip Code</b> <u>33301</u>		<div><input checked="" type="checkbox"/> <b>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.</b></div>	
<b>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.</b>					
<b>Signature of Registered Agent</b> <u>[Signature]</u>				<b>Date</b> <u>9-18-08</u>	
<b>REGISTERED AGENT MUST SIGN</b>					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>		
<u>MEM</u>	<u>Anand Patel</u>	<u>1503 Belvedere Rd</u>	<u>West Palm Beach, FL 33406</u>		
<div style="display: flex; justify-content: space-between;"><div><b>500136159895</b> 09/19/08--01046--007    **125.00</div><div><b>FF \$277.50</b></div></div>					
<div style="display: flex; justify-content: space-between;"><div><b>REINSTATEMENT</b></div><div><u>07-08</u></div></div>					
<b>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.</b>					
<b>Signature of Managing Member/Manager</b> <u>Anand D. Patel</u> <b>Date</b> <u>9-17-08</u> <b>Daytime Phone #</b> <u>242-4907</u>					
<b>Typed or printed name of signing Managing Member/Manager</b> <u>ANAND PATEL</u>					