

**L04000088350**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
**10 JAN 19 PM 1:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**500166584735**  
**01/19/10--01033--005 \*\*382.50**  
**CR2E041 (11/09)**

**LIMITED LIABILITY  
 COMPANY  
 REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT #** L04000088350

1. Limited Liability Company's Name

Lazio Limited Liability Company

9/25/09

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

1200 South Pine Island Road

3. Mailing Office Address

4647 North 32nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 185

City & State

Plantation, Florida

City & State

Phoenix, Arizona

Zip

33324

Country

USA

Zip

85018

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/08/2004

6. FEI Number

41-2162745

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
**FL**

Zip Code  
33324

☐ 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]*

REGISTERED AGENT MUST SIGN

Date **1-11-2010**

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
MGRM	KGK Trust dated May 1, 2007	4647 N. 32nd St., Suite 185	Phoenix, Arizona 85018

**REINSTATEMENT**

**2009-2010**  
**CHS**  
**up 1/25/10**

11. E-mail Address: mikemurphy@mtmbllaw.com

(To be used for future annual report notifications)

12. 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 **1/11/10**

Daytime Phone # **(602) 295-6646**

Typed or printed name of signing Managing Member/Manager

**A. Gianni Vishteh aka Arash Giancarlo Vishteh**

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**MILLIGAN LAWLESS TAYLOR MURPHY & BAILEY**

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P.C.

JENNIFER M. RADIG, PARALEGAL  
DIRECT LINE: (602) 792-3509  
JENNIFERRADIG@MLTMBLAW.COM  
WWW.MLTMBLAW.COM

4647 NORTH 32ND STREET, SUITE 185  
PHOENIX, ARIZONA 85018  
PHONE: (602) 792-3500  
FAX: (602) 792-3525

January 12, 2010

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

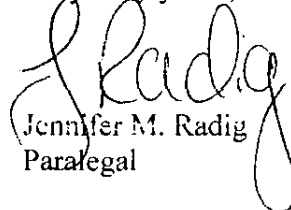
Re: *Lazio Limited Liability Company*  
*Document #: L04000088350*

To Whom It May Concern:

Enclosed for filing is a fully executed Limited Liability Reinstatement for Lazio Limited Liability Company. Also enclosed is our check in the amount of \$382.50 for the reinstatement fee, the 2009 and 2010 Annual Reports filing fee and the Certificate of Status fee. Upon completion of the filing, please return the Certificate of Status to our office.

If you have any questions, please feel free to call.

Very truly yours,

  
Jennifer M. Radig  
Paralegal

/jmr  
Enclosures  
Copy to: Nancy Teff, CPA (w/encl.)