

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 # L04000093220

1. Limited Liability Company's Name

AL-HUDA INTERNATIONAL, LLC

2. Principal Office Address

2055 N.E. 160th St.

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip  
33162

Country  
US

3. Mailing Office Address

2055 N.E. 160th St

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip  
33162

Country  
US

4. State/Country of Formation

12/27/2004

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

41-2161593

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

FARAHI, FOAD K

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

16810 N.E. 4TH COURT

Suite, Apt. #, Etc.

City

N. MIAMI BEACH, FL 33162

State  
FL

Zip Code  
33162

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

REGISTERED AGENT MUST SIGN

Date January 4th, 2006

**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	FARAHI, FOAD K	16810 N.E. 4TH COURT	N. MIAMI BEACH, FL 33162
MGR	HABBAB, MAZEN	5235 S.W. 139TH PLACE	MIAMI, FL 33175
MGR	CALLOWAY, PHILLIP L.	7331 N.W. 37TH STREET	HOLLYWOOD, FL 33024

REINSTATEMENT 05-06

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

Date 01/04/06

Daytime Phone # 305-945-2323

Typed or printed name of signing Managing Member/Manager

FOAD K. FARAHI