

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN 25 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/25/11--01004--022 **377.50

CR2E041 (1/11)

DOCUMENT # L05000017328

1. Limited Liability Company's Name

Sygdet C. Store, LLC

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

1330 West Orange Av.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

Country

32310 Leon

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

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

GEMECHU DEBBO

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

2210 Mulberry Blvd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

E-mail Address:

(To be used for future annual report notices)

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

Gemechu Debo

REGISTERED AGENT MUST SIGN

Date

01/25/2011

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
<u>MEM</u>	<u>GEMECHU DEBBO</u>	<u>2210 Mulberry Blvd</u>	<u>Tallahassee, FL 32303</u>
<u>MEM</u>	<u>Etetnetwork Yadda</u>	<u>2210 Mulberry Blvd</u>	<u>Tallahassee, FL 32303</u>

REINSTATEMENT - 10 + 11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing

Member/Manager

Gemechu Debo

Date

01/25/2011

Daytime Phone

(850) 574-6888

Typed or printed name of signing Managing Member/Manager

C.S.