

FILE FIRST

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2013 FEB -8 AM 8:46

DOCUMENT #

1. Limited Liability Company's Name AIS LLC / L05000037092

000244525670 02/08/13--01035--003 **957.00

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1463 OAKFIELD DR 143

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

04/14/2005

City & State

BRANDON, FL

City & State

6. FEI Number

20-2688929

Applied For

Not Applicable

Zip

33511

Country

PINELLAS

Zip

Country

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

FARROKH MAHZAMANI

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

1463 OAKFIELD DR

Suite, Apt. #, Etc.

143

City

BRANDON

State

FL

Zip Code

33511

E-mail Address:

frank@gurumedia.com

(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

(same) Farrokh Mahzamani

Date 2-5-13

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
MGRM	FARROKH MAHZAMANI	1463 OAKFIELD DR #143	BRANDON, FL 33511
REINSTATEMENT - 2008 - 2013			

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

Farrokh Mahzamani

Date 2/5/13

Daytime Phone # 813-597-5409

Typed or printed name of signing Managing Member/Manager FARROKH MAHZAMANI

C.S.