

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

08 MAR 19 AM 12:27

CR2E041 (12/07)

DOCUMENT # 205000038599

1. Limited Liability Company's Name

Alliance Store, LLC

W08-13331

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

3555 U.S Highway 17

Suite, Apt. #, etc.

Suite 12

City & State

Orange Park, FL

Zip

32003

Country

3. Mailing Office Address

1109 Plainfield Ave

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip

32073

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4/20/05

6. FEI Number

20-2711349

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

Gamal Abdel

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

1109 Plainfield Ave

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32073

☒ 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

Gamal Abdel

REGISTERED AGENT MUST SIGN

Date

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	Gamal Abdel	1109 Plainfield Ave	Orange Park, FL 32073
			500119598685 03/26/08--01026--007 **138.75
			500119598685 03/07/08--01003--002 **277.50

REINSTATEMENT

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

Gamal Abdel

Date 3/3/08

Daytime Phone # 904 215 3535

Typed or printed name of signing Managing Member/Manager Gamal Abdel