L05000045789

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 Jun 26 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT #

1. Limited Liability Company's Name
L05000045789
E & G LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9931 Treasure Cay Ln	9931 Treasure Cay Ln
Suite, Apt. # etc.	Suite, Apt. #, etc.
Bonita Springs, FL	Bonita Springs, FL
Zip: 34135 Country: USA	Zip: 34135 Country: USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida
May 5, 2009

6. FEI Number
202803544
☐ 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
Babak Gohari

Street Address (P.O. Box Number is Not Acceptable)
9931 Treasure Cay Lane

Suite, Apt. # Etc

City: Bonita Springs | State: FL | Zip Code: 34135

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 6/24/2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Babak Gohari	9931 Treasure Cay Ln.	Bonita Springs, FL 34135
MGRM	Abdolhossein Ejtemai	12680 Darby Brooke Ct.	Woodbridge, VA 22192
		REINSTATEMENT	2007 - 2014
			np 8/22/14

11. E-mail Address babak@gohari.org
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date June 24, 2014 Daytime Phone # (239) 287-9669

Typed or printed name of signing Authorized Representative/Manager Babak Gohari