

LD5000045789

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT

1. Limited Liability Company's Name
LD5000045789
E & G LLC

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

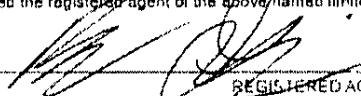
CR2E041 (1/14)

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.

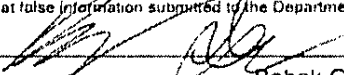
Signature of Registered Agent 	Date 6/24/2014
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REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/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 nf 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 605, 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
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Typed or printed name of signing Authorized Representative/Manager Babak Gohari