

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000050531

1. Limited Liability Company's Name

AYA MIDTOWN, LLC

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

2811 EVANS STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2811 EVANS STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/20/2005

6. FEI Number

20-2881760

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

KHIER NOURI

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

2811 EVANS STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

☒ 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

KHIER NOURI

REGISTERED AGENT MUST SIGN

Date November 16, 2009

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	KHIER NOURI	2811 EVANS STREET	HOLLYWOOD, FL 33020
MGRM	AMAR CHAAL	2811 EVANS STREET	HOLLYWOOD, FL 33020

7001630830037
11/24/09 - 01033--007 **277.50

REINSTATEMENT 108 09

DB

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Date 11-16-09

Daytime Phone # 954-557-7767

Typed or printed name of signing Managing Member/Manager

KHIER NOURI