

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
08 MAR -3 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000058574

1. Limited Liability Company's Name

VESTED CAPITAL LLC

06

*NJK*  
#00119944105  
03/11/08--01015--021 \*\*516.25  
CR2E041 (12/07)

|   |  |                |  |
|---|--|----------------|--|
| 2. Principal Office Address - No P.O. Box #<br>13233 Sanctuary Cove Dr.<br>Suite, Apt. #, etc.<br>Unit # 202<br>City & State<br>Temple Terrace, Florida<br>Zip<br>33637 |  | Country<br>USA |  |
| 3. Mailing Office Address<br>13233 Sanctuary Cove Dr.<br>Suite, Apt. #, etc.<br>Unit # 202<br>City & State<br>Temple Terrace, Florida<br>Zip<br>33637                   |  | Country<br>USA |  |

|  |  |
|--|--|
| 4. State/Country of Formation<br>Florida                               |  |
| 5. Date Organized or Qualified To Do Business in Florida<br>06/14/2005 |  |
| 6. FEI Number<br>03-0563860  | Applied For<br><input type="checkbox"/> Not Applicable     |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>              | \$5.00 Additional Fee required for a Certificate of Status |

8. Name and Address of Current Registered Agent

Name  
Moneeb M. Kurdi

Street Address (P.O. Box Number is Not Acceptable)  
13233 Sanctuary Cove Dr.

Suite, Apt. #, Etc.  
Unit #202

City  
Temple Terrace

State  
FL

Zip Code  
33637

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 *M. Kurdi* Date Feb 22 08

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   | Moneeb M. Kurdi                   | 13233 Sanctuary Cove Dr., Unit #202            | Temple Terrace, Florida 33637 |
| MGRM   | Mahmoud Abuzeid                   | 13233 Sanctuary Cove Dr., Unit #202            | Temple Terrace, Florida 33637 |
| MGRM   | Firas M Kurdi                     | 13233 Sanctuary Cove Dr., Unit #202            | Temple Terrace, Florida 33637 |
|        |                                   |  |                               |

**REINSTATEMENT 2006-2008**

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 *M. Kurdi* Date Feb 22 08 Daytime Phone # 813-385-7538

Typed or printed name of signing Managing Member/Manager Moneeb M. Kurdi