1062

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2006 DEC 29 A 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000073437

1. Limited Liability Company's Name
Zaima LLC

2. Principal Office Address	3. Mailing Office Address
9230 W Hwy 192	9230 W Hwy 192
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont, Florida	City & State: Clermont, Florida
Zip: 34711 Country: United States	Zip: 34711 Country: United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 7/26/2005

6. FEI Number: 20-3232077 ☐ 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: Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable): 1203 Governors Square Blvd

Suite, Apt. #, Etc.: Suite 101

City: Tallahassee State: FL Zip Code: 32301-2960

CR2E041 (8/01)

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. Scholl
REGISTERED AGENT MUST SIGN

Date: December 13, 2006

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
Managing Member	Sadiq Ali	278 Brantingham Rd.	Chorlton, Manchester M21OQU United Kingdom

REINSTATEMENT 06-07

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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: _____ Date: 12-14-06 Daytime Phone#: _____

Typed or printed name of signing Managing Member/Manager: Sadiq Ali, Managing Member

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TOTAL P.02

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

ZAIMA LLC

Certificate of Status	0
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