PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 DEC 12 P 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L05000078020

1. Limited Liability Company's Name
PINDROP MANAGEMENT, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
380 S.STATE ROAD 434	
Suite, Apt. #, etc. 1004-306	Suite, Apt. #, etc.
City & State ALTAMONTE SPRINGS, FL	City & State
Zip: 32714 / Country	Zip / Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
8/9/2005

6. FEI Number
65-1273404
☐ 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
JEROME N. RASHEED

Street Address (P.O. Box Number is Not Acceptable)
380 S. STATE ROAD 434

Suite, Apt. #, Etc.
1004-306

City: ALTAMONTE SPRINGS | State: FL | Zip Code: 32714

☐ 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 _____ Date 11-30-2007
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	JEROME N. RASHEED	380 S.STATE ROAD 434	ALTAMONTE SPRINGS, FL 32714
MGR	FAREED A. HAQQ	380 S.STATE ROAD 434	ALTAMONTE SPRINGS, FL 32714

REINSTATEMENT 06-07

500011285181 5
12/05/07--01033--007 **200.00

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 11-30-07 Daytime Phone # 321 249 7732

Typed or printed name of signing Managing Member/Manager JEROME N. RASHEED