PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 JAN 27 PM 1: 30
DOCUMENT # L 05 0000 98108 1. Limited Liability Company's Name WASSAJ LLC		
2 Dispiral Office Address No Do Doutt		500141892995 01/23/0901050012 **555.00 CR2E041 (10/08)
2. Principal Office Address - No P.O. Box # 675 AVE L SE Www.er Haven FL 33880 Suite, Apt. #, etc.	3. Mailing Office Address Same: Suite, Apt. #, etc.	4. State/Country of Formation
		5. Date Organized or Qualified To Do Business in Florida 10 - 5 - 05
Winter Haven FL	City & State Same	6. FEI Number Applied For Not Applicable
33880 Country USA	Zip Country	CERTIFICATE OF STATUS DESIRED 55,00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) 675 Ave L SE Suite, Apt. #, Etc.		■ 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.
City Winter Haven FL 33880		reinstatement be waived. The correct-address is 675 & not 679
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 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Mem		
Titles Name of Managing Members/ Manage	ers Street Address of Each Managing Member/ Mana	ager City / State / Zip
ovorte Sajede al	mad 675 Ave L 4	SE Winter Haven 33880
REINSTATEMENT 2006-2009		
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 1-3-09 Daytime Phone # 293-9500 Typed or printed name of signing Managing Member/Manager		
Typed or printed name of signing Managing Member/Manager SAJEDA T. AMMED Sajede Aug		