

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000103643

1. Limited Liability Company's Name

515 Hendricks, LLC

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

2748 Mountain Pine Drive

Suite, Apt. #, etc.

City & State

La Crescenta, CA

Zip
91214

Country
USA

3. Mailing Office Address

2748 Mountain Pine Drive

Suite, Apt. #, etc.

City & State

La Crescenta, CA

Zip
91214

Country
USA

4. State/Country of Formation

California

5. Date Organized or Qualified
To Do Business in Florida

October 20, 2005

6. FEI Number

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

Law Office of Jeffrey A. Herzog, P.A.

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

3110 Alternate 19

Suite, Apt. #, Etc.

Suite B

City

Palm Harbor

State

FL

Zip Code

34683

☒ 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

Jeffrey A. Herzog

Date **12/18/07**

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	Fred Mohammadi	2748 Mountain Pine Drive	La Crescenta, CA 91214
MGRM	Shahab Emrani	1324 Hillside Drive	Glendale, CA 91208
MGRM	Farid Tabibzadeh	2748 Mountain Pine Drive	La Crescenta, CA 91214

REINSTATEMENT

2006-2007

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

Fereidoon Mohammadi

Date **11/20/07**

Daytime Phone # **(818) 400-3191**

Typed or printed name of signing Managing Member/Manager

Fereidoon Mohammadi