

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 14 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100128365561

05/05/08--01019--013 ***416.25
CR2E041 (12/07)

DOCUMENT # LO 5000115848

1. Limited Liability Company's Name

1195 N MILITARY TRAIL SUITE
WEST SB & RS Investments, LLC

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

10691 VERSAILLES BLVD

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

Zip

33449

Country

USA

3. Mailing Office Address

10691 VERSAILLES BLVD

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

Zip

33449

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

12/05/2005

6. FEI Number

NOT APPLICABLE

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

MOHAMMAD J. AKTHER

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

10691 VERSAILLES BLVD

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33449

☒ 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

Mohammad T. Akther

REGISTERED AGENT MUST SIGN

Date 4/28/2008

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
MEM	SHAMSAD BEGUM	10691 VERSAILLES BLVD	WELLINGTON, FL 33449

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

Shand Begum

Date

4/28/08

Daytime Phone # (561) 251-5497

Typed or printed name of signing Managing Member/Manager