PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 SEP 29 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # L06000031203

1. Limited Liability Company's Name

SHEZAD ENTERPRISES, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
172 MAITLAND AVE ALTAMONTE SPRINGS FL 32701	172 MAITLAND AVE ALTAMONTE SPRINGS FL 32701
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SAME
City & State	City & State
Zip / Country	Zip / Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business In Florida

6. FEI Number 20-4635743. ☐ 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: ESMAIL SADRUDDIN

Street Address (P.O. Box Number Is Not Acceptable): 172 MAITLAND AVE

Suite, Apt. #, Etc.

City: ALTAMONTE SPRINGS | State: FL | Zip Code: 32701

☒ 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 ✕ 9-26-08

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
MGR	ESMAIL, SADRUDDIN	172 MAITLAND AVE	ALTAMONTE SPRINGS FL 32701
MGR	ESMAIL, YASMIN	172 MAITLAND AVE	ALTAMONTE SPRINGS FL 32701
	REINSTATEMENT 2007-2008		500136532465 10/08 1708--01043--007 **277.50

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 ✕ 9-26-08 Daytime Phone # 407 830-5298

Typed or printed name of signing Managing Member/Manager ✕ ESMAIL SADRUDDIN