

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 NOV 25 PM 2:03

DOCUMENT # **L06000044351**

1. Limited Liability Company's Name
NYS L.L.C.

400162954754
11/19/09--01030--006 **277.50
CR2E041 (1/09)

2. Principal Office Address - No P.O. Box # 9639 PECKY CYPRESS WAY		3. Mailing Office Address 9639 PECKY CYPRESS WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 32836	Country U.S.A.	Zip 32836	Country USA.

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida APRIL 2006	
6. FEI Number 20-4777975	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **NADIR SULEMAN**

Street Address (P.O. Box Number is Not Acceptable)
9639 PECKY CYPRESS WAY

Suite, Apt. #, Etc.

City **ORLANDO, FLORIDA** State **FL** Zip Code **32836**

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 *[Signature]* Date **NOV 14 2009.**
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
MEM	NADIR SULEMAN	9639 PECKY CYPRESS WAY	ORLANDO, FL, 32836

REINSTATEMENT 2008 2009

11. E-mail Address: _____
(To be used for future annual report notifications)

12. 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 *[Signature]* Date **NOV 14/09** Daytime Phone # **7276782787.**

Typed or printed name of signing Managing Member/Manager _____