

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

10 FEB 24 AM 11:41

DOCUMENT # L06000053451

1. Limited Liability Company's Name

MIN SHOPPING CENTER LLC.

REINSTATEMENT 2008-10 804

800169677158
02/18/10--01044--011 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>8183 W. FAIRFIELD DRIVE</u>		3. Mailing Office Address <u>P.O. BOX 394</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>PENSACOLA - FLORIDA</u>		City & State <u>MANHASSET - N.Y</u>	
Zip <u>32506</u>	Country <u>USA</u>	Zip <u>11030</u>	Country <u>USA</u>

4. State/Country of Formation <u>FLORIDA - USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>10-08-2007</u>	
6. FEI Number <u>20-5006032</u>	Applied For <input type="checkbox"/> 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 <u>MERAL NAMAN Managing member</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>8187-8183 WEST FAIRFIELD DRIVE</u>			
Suite, Apt. #, Etc.			
City <u>PENSACOLA</u>	State <u>FL</u>	Zip Code <u>32506</u>	

☒ 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 Meral Naman Managing member Date 02-10-10
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
<u>MGRM</u>	<u>MERAL NAMAN</u>	<u>41 FAIRWAY LANE</u>	<u>MANHASSET N.Y</u> <u>11030</u>

11. E-mail Address: MERALN04@AOL.COM

(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 Meral Naman MGRM Date 02-10-10 Daytime Phone # 954 224 6714

Typed or printed name of signing Managing Member/Manager