

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 11 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 06000062627

1. Limited Liability Company's Name

NASRAT LLC

800180496238
05/06/10--01034--004 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 5260 NW 88th Ave Suite, Apt. #, etc. G-204 City & State Sunrise, FL Zip 33351 Country U.S.A		3. Mailing Office Address 5260 NW, 88th Ave Suite, Apt. #, etc. G-204 City & State Sunrise, FL Zip 33351 Country U.S.A	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 6/19/2006	
6. FEI Number 20-S102574	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 SHAHANA ADAM			
Street Address (P.O. Box Number is Not Acceptable) 5260 NW, 88th Ave.			
Suite, Apt. #, Etc. G-204			
City SUNRISE	State FL	Zip Code 33351	

☒ 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]
REGISTERED AGENT MUST SIGN

Date 4/28/10

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	SHAHANA ADAM	5260 NW, 88th Ave, G204	Sunrise, FL 33351

REINSTATEMENT 08-10
AB

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 4/28/10 Daytime Phone # 954-226-7350

Typed or printed name of signing Managing Member/Manager _____