

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

10 FEB 22 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L06000068289**

1. Limited Liability Company's Name

**Azher Holdings, LLC**

000169678040  
02/18/10--01044--015 \*\*555.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <b>2950 Halcyon Lane</b>		3. Mailing Office Address <b>Same</b>	
Suite, Apt. #, etc. <b># 503</b>		Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b>		City & State	
Zip <b>32223</b>	Country <b>USA</b>	Zip	Country

4. State/Country of Formation <b>Florida / USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>8-14-06</b>	
6. FEI Number <b>20-5330846</b>	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 <b>Daniel McLaughlin</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1771 Ringling Blvd.</b>			
Suite, Apt. #, Etc. <b>Unit 806</b>			
City <b>Sarasota</b>	State <b>FL</b>	Zip Code <b>34236</b>	

☒ 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 **2-10-12**

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	Ali Azher	10004 Watermark Lane	Jacksonville, FL 32256

**REINSTATEMENT 2007-10**

11. E-mail Address: **Ali@Velocityathletics.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

*[Signature]*

Date **2/12/10**

Daytime Phone # **904-338-8522**

Typed or printed name of signing Managing Member/Manager