

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT 21 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300136607483
10/03/08--01041--003 **282.50

CR2E041 (10/08)

DOCUMENT # L06000101622

1. Limited Liability Company's Name

AGA LOTUS, LLC

2. Principal Office Address - No P.O. Box #

1690 ARCO T CIRCLE, NE. 1690 ARCO T CIRCLE, NE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, & State

PALM BAY, FL

City & State

PALM BAY, FL

Zip

Country

32905

U.S.A

Zip

Country

32905

U.S.A

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

10/09/2006

6. FEI Number

☒ 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

ABDELAAL, ALAAELDIN

Street Address (P.O. Box Number is Not Acceptable)

1690 ARCO T CIRCLE, NE

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32905

☒ 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

Ally A

REGISTERED AGENT MUST SIGN

Date 09/30/08

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	ABDELAAL, ALAAELDIN	1690 ARCO T CIRCLE, NE	PALM BAY, FL / 32905
MGR	ABDELAAL, ALI	1690 ARCO T CIRCLE, NE	PALM BAY, FL / 32905
MGR	EL BOUKL, GIHAN	1690 ARCO T CIRCLE, NE	PALM BAY, FL / 32905

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

Ally A

Date 09/30/08 Daytime Phone # (321) 432-6373

Typed or printed name of signing Managing Member/Manager