

LD7000014742

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JAN 21 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD7000014742

1. Limited Liability Company's Name

AKL 786 LLC

700163505417
12/10/09 01039 004 238.75
CR2ED41 (11/09)

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

18215 U.S. 41 N.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

Zip

33549

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02/08/07

6. FEI Number

20-8420847

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

GEORGE G. PAPPAS, PA

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

1822 N. BELCHER RD

Suite, Apt. #, Etc.

200

City

CLEARWATER

State

FL

Zip Code

33765

☒ 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.

700163505417

01/26/10 01015-012 **277.50

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01/26/10 01015-012 **277.50

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

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
MGR	AHMED LAKHANI	12005 EVANSHIRE CT	TAMPA, FL 33626

1/21

REINSTATEMENT

2008-10 W/D Drafty

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

R. L. LAKHANI

Date

Daytime Phone # 813-731-6788

Typed or printed name of signing Managing Member/Manager AHMED LAKHANI