
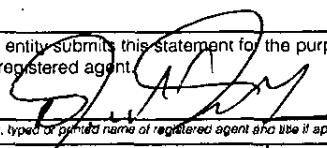
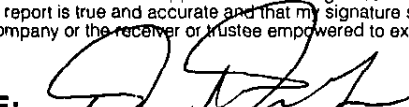


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # L07000040903 1. Entity Name ANAR, LLC | | | |  | |
| Principal Place of Business 12605 NORTH 51ST STREET TAMPA, FL 33617 | | | Mailing Address 12605 NORTH 51ST STREET TAMPA, FL 33617 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 26-2075361 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | 7. Name and Address of New Registered Agent Name Shehzad Z. Rana Street Address (P.O. Box Number is Not Acceptable) 12605 N. 51ST ST. City TAMPA FL 33617 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 12-30-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RANA, SHEHZAD Z 12605 NORTH 51ST STREET TAMPA, FL 33617 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300139509333 01/05/09--01077--004 **138.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RANA, NABEEL Z. 13206 N. 53RD ST. Tampa FL 33617 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ACE RANA, ZIAUDDIN 13206 N. 53RD ST. Tampa, FL 33617 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S. HAWKES JAN 9 2009 EXAMINER <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT 2008 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | | Date 12-30-2008 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

FILED
 09 JAN -8 PM 2:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



12302008 REIN-LLC CR2E101 (1/07)