

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 17 PM 2:54

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000171547740
03/08/10--01083--012 **282.50

CR2E041 (11/09)

DOCUMENT # L07000084471

1. Limited Liability Company's Name

Mi Mono, LLC

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

958 Harborview S.

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/17/07

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 Rizwan Bhaila

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

Suite, Apt. #, Etc.

City

Hollywood, FL

State

FL

Zip Code

33019

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

Date March 5, 2010

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
MGRM	Zulekha Bhaila	958 Harborview S.	Hollywood, FL 33019
MGRM	Muneeza Bhaila	958 Harborview S.	Hollywood, FL 33019
MGRM	Cynthia Cabdevilla	958 Harborview S.	Hollywood, FL 33019
MGR	Rizwan Bhaila	958 Harborview S.	Hollywood, FL 33019
REINSTATEMENT		2008-2010	

11. E-mail Address: ~~rbhaila@mi-mono.com~~ rbhaila453@aol.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

Date 3/5/10

Daytime Phone # 954 851-6585

Typed or printed name of signing Managing Member/Manager Zulekha Bhaila

T. Hampton MAR 18 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 MAR 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 10, 2010

MI MONO LLC
958 HARBORVIEW S
HOLLYWOOD, FL 33019

SUBJECT: MI MONO LLC
Ref. Number: L07000084471

We have received your document for MI MONO LLC and check(s) totaling \$282.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 910A00005971