

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000094726

1. Limited Liability Company's Name

Bassam & Sonia Fadel, LLC

700171179077
03/29/10--01064--016 **277.50

700171179077
03/04/10--01003--014 **238.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>1370 NW 166 Ave</u> Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State <u>Pembroke Pines, FL</u>		City & State	
Zip <u>33028</u>	Country <u>USA</u>	Zip	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	<input checked="" type="checkbox"/> 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 <u>Bassam Fadel</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1370 NW 166 Ave</u>			
Suite, Apt. #, Etc.			
City <u>Pembroke Pines</u>	State <u>FL</u>	Zip Code <u>33028</u>	

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 03/01/10

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
<u>MGR</u>	<u>Sonia Fadel</u>	<u>1370 NW 166 Ave</u>	<u>Pembroke Pines, FL 33028</u>

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 [Signature] Date _____ Daytime Phone # (305) 333 4953

Typed or printed name of signing Managing Member/Manager Sonia Fadel

FILED
10 MAR 30 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FL

REINSTATEMENT
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