

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 27 PM 2:58

DOCUMENT # L07000094978

1. Limited Liability Company's Name

AXIUM LABS, LLC

200183615582
07/23/10--01036--005 **521.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 12905 SW 132 Street		3. Mailing Office Address 12905 SW 132 Street	
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc. Suite 4	
City & State Miami, FL		City & State Miami, FL	
Zip 33186	Country US	Zip 33186	Country US

4. State/Country of Formation Florida, US	
5. Date Organized or Qualified To Do Business in Florida 9/17/2007	
6. FEI Number 80-0625836	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Fadi Halwani			
Street Address (P.O. Box Number is Not Acceptable) 12905 SW 132 Street			
Suite, Apt. #, Etc. Suite 4			
City Miami	State FL	Zip Code 33186	

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

Date

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
MGRM	Fadi Halwani	12905 SW 132 St., Suite 4	Miami, FL 33186

REINSTATEMENT 2008-2010

11. E-mail Address: newgenlabs@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 7/21/2010

Daytime Phone # 786 2939122

Typed or printed name of signing Managing Member/Manager

(MGRM) FADI HALWANI

AXIUM LABS, LLC

12905 SW 132 St. Suite 4

Miami, FL 33186

Florida Dept of State

July 21, 2010

Re: Reinstatement documents and Fees.

Dear Sirs,

Enclosed, please find the completed reinstatement form for Axiom Labs, LLC as well as the reinstatement fee of \$100 + 3 x \$138.75 =+ \$5 for a total of \$ 521.25

Should you have any questions regarding this matter please feel free to contact me at (305) 283-0081.

Regards,

A handwritten signature in black ink, appearing to read 'Fadi Halwani', with a stylized flourish at the end.

Fadi Halwani

MGRM