


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000120108		
1. Entity Name RIZWI, LLC		

Principal Place of Business 8540 SEACREST DRIVE VERO BEACH, FL 32963	Mailing Address 8540 SEACREST DRIVE VERO BEACH, FL 32963
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent CASALINO, GREGG M 3111 CARDINAL DRIVE VERO BEACH, FL 32963	
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7. Name and Address of New Registered Agent Name: M. NASIR RIZWI Street Address (P.O. Box Number is Not Acceptable): 8540 SEACREST DRIVE. VERO BEACH City: FL Zip Code: 32963	
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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: <i>M. NASIR RIZWI</i> DATE: December 8, 2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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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
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIZWI, M NASIR 8540 SEACREST DRIVE VERO BEACH, FL 32963 <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	MGRM RIZWI, TABASSUM 8540 SEACREST DRIVE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800139132748 12/18/08--01026--011 **138.75 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>M. NASIR RIZWI</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	12/08/08 772-581-1339 <small>Date Daytime Phone #</small>

FILED

2008 DEC 23 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12082008 REIN-LLC CR2E101 (1/07)

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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REINSTATEMENT

08/12