

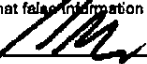


(((H14000066310 3)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 MAR 19 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L08000061689					
1. Limited Liability Company's Name MEMON MEMON PROPERTIES, LLC					
2. Principal Office Address - No P.O. Box # 2091 TAMiami TRAIL			3. Mailing Office Address C/O DAVID A. HOLMES 99 NESBIT STREET		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PORT CHARLOTTE			City & State PUNTA GORDA		
Zip 33948	Country US	Zip 33950	Country US	4. State/Country of Formation FLORIDA	
				5. Date Organized or Qualified To Do Business in Florida 06/24/2008	
				6. FEI Number 262930048	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
				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 DAVID A. HOLMES					
Street Address (P.O. Box Number is Not Acceptable) 99 NESBIT STREET					
Suite, Apt. #, Etc.					
City PUNTA GORDA			State FL	Zip Code 33950	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.					
Signature of Registered Agent 				Date 3/18/2014	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	MUHAMMED Y. MEMON	2400 HARBOR BLVD, SUITE 10		PORT CHARLOTTE, FL 33952	
MGR	TANWEER A. MEMON	9657 TROPICANA BLVD.		NORTHPORT, FL 34286	
11. E-mail Address: DHOLMES@FARR.COM (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 805.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.					
Signature of Authorized Representative/Manager 				Date 3/18/2014 Daytime Phone # 941-639-1158	
Typed or printed name of signing Authorized Representative/Manager DAVID A. HOLMES					

(((H14000066310 3)))

MAR 19 2014

WILLIAMS

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000066310 3)))



H140000663103ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941) 639-1158
Fax Number : (941) 639-0028

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

dholmes@farr.com

**LIMITED LIABILITY REINSTATEMENT
MEMON MEMON PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$793.75

Electronic Filing Menu

Corporate Filing Menu

Help