

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT 21 AM 10:30

SECRETARY OF STATE
JANUARY 1, 2014

DOCUMENT # L13000053044

1. Limited Liability Company's Name

EXTRA SNACKS LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
18189 STERLING GATE CIRCLE

Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip
33647

Country
US

3. Mailing Office Address
18189 STERLING GATE CIRCLE

Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip
33647

Country
US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida
04/10/2013

6. FEI Number
46-2520715

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

MOUSTAFA AMER

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

18189 STERLING GATE CIRCLE

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33647

300265649783
10/21/14--01020--015 **243.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

M. Amer

REGISTERED AGENT MUST SIGN

Date *10-10-2014*

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	MOHAMED AMER	14215 BALLANTYNE LAKE RD	CHARLOTTE, NC 28277
MGR	MOUSTAFA AMER	18189 STERLING GATE CIRCLE	TAMPA, FL 33647
MGR	MOHAMED ELHADIDY	5876 SUNNY RIDGE TRAIL	CLEMMONS, NC 27012

11. E-mail Address:

(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 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 605.0012, 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

M. Amer

Date

10-10-2014

Daytime Phone #

330-987-0335

Typed or printed name of signing Authorized Representative/Manager

MOUSTAFA AMER

MOUSTAFA AMER

913-765-8116

10/15/21