

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2019 FEB 25 AM 7:01

DOCUMENT # L13000098115

1. Limited Liability Company's Name

Mansari LLC

2. Principal Office Address - No P.O. Box #
4411 W. Tampa Bay Boulevard

3. Mailing Office Address
4411 W. Tampa Bay Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip Country
33614 United States

Zip Country
33614 United States

8. Name and Address of Current Registered Agent

Name
Nick Friedman

Street Address (P.O. Box Number is Not Acceptable) Suite,
4411 W. Tampa Bay Boulevard

Apt. #, etc.

City State Zip Code
Tampa FL 33614

4. State/Country of Formation
Florida / United States

5. Date Organized or Qualified
To Do Business in Florida 8/1/2013

6. FEI Number
46-3167666

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a certificate of status

500325384935
02/25/19--01002- 001 *+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

DocuSigned by:

Nick Friedman

Date 2/7/2019

E35200758B154DA

REGISTERED AGENT MUST SIGN

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	Nick Friedman	4411 W. Tampa Bay Boulevard	Tampa, FL 33614
MGR	Omar Soliman	4411 W. Tampa Bay Boulevard	Tampa, FL 33614

REINSTATEMENT

FEB 25 2019

R. HUNT

11. E-mail Address accounting@chhj.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

DocuSigned by:

Signature of authorized representative/member

Nick Friedman

Date 2/7/2019

Daytime Phone # 813-867-6461

Typed or printed name of signing authorized representative/member Nick Friedman