

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

102

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000139824

1. Limited Liability Company's Name
FRIENDZ FOOD MARKET, LLC

2. Principal Office Address - No P.O. Box #
901 WASHINGTON AVE

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

Zip Country
33139 USA

3. Mailing Office Address
1260 DREXEL AVE

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

Zip Country
33139 usa

CR2EB41 (1/14)

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida **09/08/2014**

6. FEI Number **471796961** ☒ Applicable 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite
1201 HAYS STREET

Apt. # Etc.

City State Zip Code
TALLAHASSEE FL 32301

500280530695

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  **Courtney Williams** Date **12.31.15**
REGISTERED AGENT MUST SIGN **Asst. Vice President**

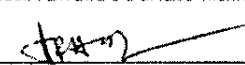
10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MBR	Syed Hassan	1561 DREXEL AVE APT #11	MIAMI BEACH - FL 33139
MBR	MOHAMMAD RANA	1260 DREXEL AVE APT #14	h h h h

11. E-mail Address **RAKIB.NY@GMAIL.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. 607.155, F.S.

Signature of authorized representative/member  Date **12.27.15** Daytime Phone # **786-267-0378**

Typed or printed name of signing authorized representative/member **Syed Hassan**

K. ASHTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 926783 8012632

AUTHORIZATION :

COST LIMIT : \$238.75

ORDER DATE : December 22, 2015

ORDER TIME : 11:01 AM

ORDER NO. : 926783-010

CUSTOMER NO: 8012632

RECEIVED
2015 DEC 31 PM 3:54
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: FRIENDZ FOOD MARKET, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____