

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 FEB 19 PM 1:15

DOCUMENT # L17 1581

1. Limited Liability Company's Name

1226 LLC

600341024796
02/20/20--01005--006 **238.75

2. Principal Office Address - No P.O. Box #

13531 WALSHINGHAM RD

Suite, Apt. #, etc.

City & State

LARGO, FL

Zip

33774

Country

PINELLES

3. Mailing Office Address

P.O. Box 471

Suite, Apt. #, etc.

City & State

INDIAN ROCKS, FL

Zip

33785

Country

PINELLES

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

1/3/2017

6. FEI Number

81-4907039

Applying 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

MOHAMMAD MOSTASABIAN

Spec. Address (P.O. Box Number is Not Acceptable) Suite

13531 WALSHINGHAM RD

Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33774

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

REGISTERED AGENT MUST SIGN

Date 2/10/20

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	MOHAMMAD MOSTASABIAN	13531 WALSHINGHAM RD	LARGO, FL 33774

FEB 20 2020

11. E-mail Address: ALM1956@HOTMAIL.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.

Signature of authorized representative/member

Date 2/10/20

Daytime Phone # 727-596-7099

Typed or printed name of signing authorized representative/member

MOHAMMAD MOSTASABIAN