PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2021 DEC -1 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20000044633

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CR2E041 (1/14)

1. Limited Liability Company's Name
FANERA-BAZAR AA, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
232-2 TRESCA RD	233-2 TRESCA RD
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32225 Country: US.	Zip: 32225 Country: US.

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business In Florida: 02/01/2020

6. FEI Number: 36-4962670 ☐ 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: BARSEGYAN ALBERT

Street Address (P.O. Box Number is Not Acceptable) Suite:
901 NE 14TH AVE

Apt. #, Etc.:
APT. 208

City: HALLANDALE State: FL Zip Code: 33009

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: [signature] Date: 11/24/2021
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
AMBR	BARSEGYAN GRIGORY	901 NE 14TH AVE, APT. 208	HALLANDALE, FL, 33009
MGRM	BARSEGYAN ALBERT	901 NE 14TH AVE, APT. 208	HALLANDALE, FL, 33009
	REINSTATEMENT		
			DEC 01 2021
			R. HUNT

11. E-mail Address: accounting@expertcenter.us
(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: [signature] Date: 11/24/2021 Daytime Phone #: 786-657-9041

Typed or printed name of signing authorized representative/member: BARSEGYAN ALBERT