

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

rf

DOCUMENT # L98000000324

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1. Limited Liability Company's Name

Johnson Cutler, L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000-01

2. Principal Office Address

3001 N. Rocky Point Dr.

Suite, Apt. #, etc.

Suite 335

City & State

Tampa, Florida

Zip

33607

Country

USA

3. Mailing Office Address

3001 N. Rocky Point Dr.

Suite, Apt. #, etc.

Suite 335

City & State

Tampa, Florida

Zip

33607

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3500396

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

5000038564351-2

Name

Reza Yazdani

-03/16/01--01091--030

****200.00 ****200.00

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

3001 N. Rocky Point Drive

Suite, Apt. #, Etc.

Suite 335

City

Tampa

State

FL

Zip Code

33607

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/12/2001

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Reza Yazdani	3001 N. Rocky Point Drive Suite 335	Tamp, Florida 33607

11. I certify that I am managing member/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 608.406, 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.

Signature of
Managing Member/Manager

Date 1/5/2001

Daytime Phone # 813.281.2929

Typed or printed name of signing Managing Member/Manager