

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L98000000500**

1. Limited Liability Company's Name

FTA INTERNATIONAL INVESTMENTS, L.C.

9/28/01

2. Principal Office Address

3808 HUNTER'S ISLE DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip 32837-5809

Country

3. Mailing Office Address

3808 HUNTER'S ISLE DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip 23837-5809

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

04/20/1998

6. FEI Number

59-3506659

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

FILED  
03-SEP 16 PM 3:15  
500023308635  
09/24/03--01070--011 \*\*250.00

**8. Name and Address of Current Registered Agent**

Name

AYDANI S. TOKATLI

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

3808 HUNTER'S ISLE DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837-5809

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.

FTA INTERNATIONAL INVESTMENTS, LLC

Signature of  
Registered Agent By:

*A. Serpil Tokatli*

Date

9.15.2003

REGISTERED AGENT MUST SIGN

**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
MEM mgr	TOKATLI, ISMAIL FAZIL	3808 HUNTER'S ISLE DRIVE	ORLANDO, FL 32837-5809
MEM mgr	TOKATLI, AYDANI S.	3808 HUNTER'S ISLE DRIVE	ORLANDO, FL 32837-5809

REINSTATEMENT 2001-2003

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

*A. Serpil Tokatli*  
AYDANI S. TOKATLI, MEMBER

Date 9.15.2003

Daytime Phone #

407 7656313

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)