L99000002324

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT
2000 - 2003

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS
03 JUL 31 PM 12:38

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DOCUMENT # L99000002324

1. Limited Liability Company's Name

Sharun Paroxy Organization, LLC
REINSTATEMENT 2000 - 2003

2. Principal Office Address	3. Mailing Office Address
7128 SW 47th Street	7128 SW 47th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business In Florida: April 20, 1999

6. FEI Number: 650923469 ☐ 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: Vladimir Mirzoyan

Street Address (P.O. Box Number is Not Acceptable): 7128 SW 47th Street

Suite, Apt. #, Etc.:

City: Miami, Florida State: FL Zip Code: 33155

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: - VLADIMIR MIRZOYAN Date: 07/30/03
REGISTERED AGENT MUST SIGN

GR2E041 (10/02)

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
MGRM	Zane E. Moore	3001 Segovia Street	Coral Gables, FL 33134
MGRM	Vladimir Mirzoyan	222 Calabria Avenue	Coral Gables, FL 33134
MGRM	Errol L.D. Brown, Jr.	10420 SW 152 Terrace	Miami, FL 33157
	REINSTATEMENT	2000 - 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: Date: 07/30/03 Daytime Phone#: 305-667-5953

Typed or printed name of signing Managing Member/Manager: Zane E. Moore