

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 11:02

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REINSTATEMENT 2000

DOCUMENT # L99000009018

1. Limited Liability Company's Name

FEYZA INTERNATIONAL EDUCATION CENTER, L.L.C.

2. Principal Office Address

2485 East Sunrise

Suite, Apt. #, etc.

BLVD. Sunrise Place # 202

City & State

Fort LAUDERDALE FL

Zip

33304

Country

USA

3. Mailing Office Address

2485 E. Sunrise BLVD.

Suite, Apt. #, etc.

Sunrise Place # 202

City & State

Fort LAUDERDALE FL

Zip

33304

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/20/1999

6. FEI Number

65-0968520

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

SUHEYLA SIVRI

700003456237

4

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

5430 NE 25th AVENUE, #3

-11/07/00--01127--014

*****150.00 ***150.00**

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33308

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 **10-23-00**

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
Managing Member	SUHEYLA SIVRI	5430 NE 25th Ave, #3	FT. Lauderdale, FL 33308
Member	CANALP CANER	5430 NE 25th Ave, #3	FT. Lauderdale, FL 33308
Member	RANAZAN SIVRI	5430 NE 25th Ave, #3	FT. Lauderdale, FL 33308

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 **10-23-00**

Daytime Phone **(954) 873-3089**

Typed or printed name of signing Managing Member/Manager **SUHEYLA SIVRI**

CR2E041 (9/00)