

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

07 NOV -6 AM 11:03

DOCUMENT # M01000000266

1. Limited Liability Company's Name

Haleem Holdings, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
406 Ash Str

Suite, Apt. #, etc.

City & State
Fernandina Beach, FL

Zip
32034

Country
USA

3. Mailing Office Address
11285 Elkins Rd

Suite, Apt. #, etc.
Suite L 4

City & State
Roswell, GA

Zip
30075

Country
USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida **Sept. 1, 1999**

6. FEE Number
58-2478155

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
A. Jeffrey Tomassetti Esq.

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

Suite, Apt. #, Etc.

City
Fernandina Beach

State
FL

Zip Code
32034

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/30/07**

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
Mar	Salma H. Ahmed	11285 Elkins Rd Suite L 4	Roswell, GA 30075
Mar	Kim Ahmed	11285 Elkins Rd Suite L 4	Roswell, GA 30075

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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

[Signature]
Kim Ahmed

Date **Oct. 22, 2007** Daytime Phone # **(678) 463-2896**

Typed or printed name of signing Managing Member/Manager