

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
09 AUG 17 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M06000002050**

1. Limited Liability Company's Name

**IMF Investment LLC**

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
**2502 E. Wilder Ave. Tampa, FL**

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

Zip  
**33610**

Country

3. Mailing Office Address  
**P.O. Box 26583**

Suite, Apt. #, etc.

City & State  
**Tampa, FL 33623**

Zip

Country

4. State/Country of Formation  
**US**

5. Date Organized or Qualified  
To Do Business in Florida **April 2001**

6. FEI Number  
**20-4070042**

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  
**Syed Raza**

Street Address (P.O. Box Number is Not Acceptable)  
**4112 Mullen Ave., Tampa, FL 33609**

Suite, Apt. #, Etc.

City  
**Tampa, FL**

State  
**FL**

Zip Code  
**33609**

☒ 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

REGISTERED AGENT MUST SIGN

Date **7/4-09**

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
<b>MD</b>	<b>Syed Raza</b>	<b>4112 MULLEN AVE. TAMPA, FL 33609.</b>	
		<b>S. HAWKES</b>	<b>000159658660</b>
		<b>08/18/09--01003--0004 **416.25</b>	
		<b>1/16/10 07/17/09--01003--0004 277.50</b>	
		<b>S. HAWKES</b>	
		<b>AUG 17 2009</b>	
		<b>EXAMINER</b>	

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 **7-14-09**

Daytime Phone # **813-300-3126**

Typed or printed name of signing Managing Member/Manager

# IMF Investment LLC

August 13, 2009

Divisions of Corporations  
Registration Section

Re: M06000002050, IMF Investment LLC

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09 AUG 14 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Ms. Beyer,

Thank for taking the time today to help sort out our reinstatement. As I mentioned over the phone that our address that's on record was changed in 2006 and a letter was sent to update the new address. Unfortunately all correspondence including yearly report notifications have been sent to old address on file.

I request that \$100 reinstatement fee is waived. Please find attached a check for reinstatement in amount of \$416.25.

Let me know if you need anything else from me.

Respectfully,



Syed Raza  
Managing Member