

**LIMITED-LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **1195000000069**

**1. Limited Liability Company's Name**

**CYLO INDUSTRIES**  
**10190 RIVERSIDE DR.**  
**PALM BEACH GARDENS, FL 33410**

**2. Principal Office Address**

**10190 RIVERSIDE DR.**

Suite, Apt. #, etc.

City & State

**PALM BEACH GARDENS**

Zip

**33410**

Country

**3. Mailing Office Address**

**SAME**

Suite, Apt. #, etc.

City & State

**FLORIDA**

Zip

Country

**4. State/Country of Formation**

**WEST PALM BEACH**

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

**6. FEI Number**

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED ☒**

**\$3.00 Additional Fee required  
for a Certificate of Status**

FILED

00 DEC 29 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ng

**REINSTATEMENT 2000**

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

Name

**CT CORPORATION SYSTEM**

**300003524419-4**

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

**1200 SOUTH PINE ISLAND ROAD**

**-01/05/01-01018-004**

**\*\*\*155.00 \*\*\*155.00**

Suite, Apt. #, Etc.

City

**PLANTATION**

State

**FL**

Zip Code

**33324**

**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

**Barbara A Burke**

**BABARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

Date

**12-14-00**

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	<b>SATISH SHAH</b>	<b>10190 RIVERSIDE DR.</b>	
MEM	<b>NASEEB KHAN</b>	<b>10190 RIVERSIDE DR.</b>	
MEM	<b>PATRICK RUSZKOWSKI</b>	<b>10190 RIVERSIDE DR.</b>	
MEM	<b>SPARTAN CHEMICALS</b>	<b>10190 RIVERSIDE DR.</b>	
	<b>SPARTAN CHEMICALS</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

**Satish Shah**

Date

**12/13/00**

Daytime Phone #

**561-775-9600**

Typed or printed name of signing Managing Member/Manager

**SATISH SHAH**

CR2E04 (9/00)