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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

1. DOCUMENT # L01000005901

Name and Mailing Address

0001728 01 AT 0.292 \*\*AUTO T8 0 0615 32224-769639

KOHLI SILK, L.L.C.

4039 CHICORA WOOD PLACE

JACKSONVILLE FL 32224-7696

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 500024380545  
 11/03/03--01055--012 \*\*155.00


2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/13/2001	
Principal Place of Business 4039 CHICORA WOOD PLACE JACKSONVILLE FL 32224	3. New Principal Place of Business Address	6. FEI Number 59-3715562	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ELEFANT, FRED 1650 PRUDENTIAL DR., STE 105 JACKSONVILLE FL 32207		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	
10. 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		Date 10-30-03	
SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SINGH, ARDEN S	1275 PONTE VEDRA BLVD (A1A SOUTH)	PONTE VEDRA BEACH FL
MGR	KOHLI, ASHOK	4039 CHICORA WOOD PLACE	JACKSONVILLE FL
12. 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 10-29-03 Daytime Phone # 904-223-3555	
Typed or printed name of signing Managing Member/Manager		ASHOK KOHLI	

CR2E034 (7/03)