

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT -3 AM 10:10

DOCUMENT # L04000087411

1. Limited Liability Company's Name

RAVNEET INVESTMENTS LLC.

2. Principal Office Address

9955 NW 58TH STREET

3. Mailing Office Address

15841 Pines Blvd.

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

Mail Box # 285

City & State

FLORIDA

City & State

Pembroke Pines

Zip

33178

Country

USA

Zip

33027-1220

Country

U.S.A.

4. State/Country of Formation

U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

12/03/2004

6. FEI Number

20-2576342

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

RAVNEET CHOWDHURY

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

9955 NW 58TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

03/10/05-90037-014-#5500

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

*Ravneet Chowdhury*  
REGISTERED AGENT MUST SIGN

Date 29<sup>th</sup> Sept. '05

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
MGRM	ANAND CHOWDHURY	15607 SW 16TH COURT	PEMBROKE PINES, FL 33027
MBR	RAVNEET CHOWDHURY	15607 SW 16TH COURT	PEMBROKE PINES, FL 33027

REINSTATEMENT 2005

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

*Ravneet Chowdhury*

Date 29<sup>th</sup> Sept. '05 Daytime Phone # 954-435-5617

Typed or printed name of signing Managing Member/Manager