

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 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012130

Name and Mailing Address

0009481 01 AT 0.292 \*\*AUTO TS 1 0615 33617-720919



SARRK PROPERTIES L.L.C.  
319 BRENTWOOD DRIVE  
TAMPA FL 33617-7209



2. New Mailing Address

18305 WEYBURN AVE

City, State, Zip

TAMPA, FL 33647

Principal Place of Business

319 BRENTWOOD DRIVE  
TAMPA FL 33617

3. New Principal Place of Business Address

18305 WEYBURN AVE

City, State, Zip

TAMPA, FL 33647

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

07/23/2001

6. FEI Number

59-3732664

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

PATEL, NILESH M  
115 SOUTH WOLLOV AVE.  
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

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

100024171441

10/27/03--01095--003 \*\*150.00

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

*[Signature]* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10-20-03

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
MGRM	ARTHUR INVESTMENTS LIMITED	P.O. BOX 803	BRITISH VIRGIN ISLANDS
MGRM	PATEL, SARJU R	<del>319 BRENTWOOD DRIVE</del> 18305 WEYBURN AVE	TAMPA FL <del>33617</del> 33647

REINSTATEMENT

03

Dec

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

*[Signature]* **SIGNATURE REQUIRED**

Date 10/20/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)