

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -5 AM 10:49

DOCUMENT # 000000000248

1. Limited Liability Company's Name

KALPAT INVESTMENTS LLC

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

FL. USA

5. Date Organized or Qualified
To Do Business in Florida

1-7-2002

City & State

City & State

6. FEI Number

☒ Applied For
☒ Not Applicable

Zip

Country

Zip

Country

33897

USA

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

BHASKAR PATEL

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

114 POLO PARK BLVD

Suite, Apt. #, Etc.

City

DAVENPORT

State

FL

Zip Code

33832

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 6-5-03

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
MR	BALKRISHNA M. PATEL	114 POLO PARK BLVD	DAVENPORT, FL. 33897

900020543459
06/05/03--01044--013 **560.00

REINSTATEMENT

01-03

dec

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 6-5-03

Daytime Phone # 863-424-2400

Typed or printed name of signing Managing Member/Manager