

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. STATE OF FLORIDA, TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 11 PM 4:55

2003/11/04

DOCUMENT # L00000001559

1. Limited Liability Company's Name

S.V. Investments, LLC

400030399934  
03/15/04--01016--004 \*\*200.00

REINSTATEMENT

2003-  
2004

2. Principal Office Address

5048 Millenia Blvd

3. Mailing Office Address

5048 Millenia Blvd

Suite, Apt. #, etc.

Apt # 202

Suite, Apt. #, etc.

Apt # 202

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32839

Country

Zip

32839

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

02/11/2000

6. FEI Number

59-3624022

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

Name

Deven Patel

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

5048 Millenia Blvd

Suite, Apt. #, Etc.

Apt # 202

City

Orlando

State

FL

Zip Code

32839

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

*[Signature]*

Date 03/01/2004

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
MGRM	Deven Patel	5048 Millenia Blvd, Apt # 202	Orlando, FL 32839

REINSTATEMENT

2003-  
2004

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

*[Signature]*

Date

03/01/2004

Daytime Phone #

863 221 1837

Typed or printed name of signing Managing Member/Manager Deven Patel

CR2041 (10/02)