

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 00000001732

1. Limited Liability Company's Name

HARE RAM, L.L.C.

2. Principal Office Address

1505 E. FOWLER AVE.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33612

Country

USA

3. Mailing Office Address

1505 E. FOWLER AVE.

Suite, Apt. #, etc.

City & State

TAMPA FL 33612

Zip

33612

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02/16/00

6. FEI Number

59-3625540

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

CHIRAG PATEL

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

12106 Steppingstone Blvd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33635

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

3-16-05

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	CHIRAG PATEL	12106 Steppingstone Blvd Tampa FL 33635	TAMPA, FL 33635
MGRM	Narendra Patel	12202 N. 22nd St. Apt # 514 Tampa FL 33612	Tampa FL 33612
MGRM	Shillesh Patel	16453 Enclave Village Dr Tampa FL 33647	Tampa FL 33647

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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

3-16-05

Daytime Phone #

813-766-7499

Typed or printed name of signing Managing Member/Manager

CHIRAG PATEL

CR20041 (10/02)