

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 19 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L-25 09
MADHAN INVESTMENTS, L.L.C.

2. Principal Office Address

222 HERNANDO ST

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

Zip

34949

Country

ST. LUCIE

3. Mailing Office Address

222 HERNANDO ST.

Suite, Apt. #, etc.

City & State

FORT PIERCE FL

Zip

34949

Country

ST. LUCIE

4. State/Country of Formation

FL ST. LUCIE

5. Date Organized or Qualified
To Do Business in Florida

08/16/2000

6. FEI Number

65-0986921

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

1000004652481-4

-10/25/01-01019-011

*****50.00 *****50.00

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

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
Manager	Dhivendra N. Patel	222 HERNANDO ST.	FT. PIERCE / FL / 34949
Secretary	Bhasti. D. Patel	222 HERNANDO ST.	FT. PIERCE / FL / 34949

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

10/17/01

Daytime Phone #

561-464-0405

Typed or printed name of signing Managing Member/Manager

DHIRENDRA. N. PATEL.