

2001 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
LBR



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 #

L-2510

1. Limited Liability Company's Name

REPOSE HOSPITALITY L.L.C.

2. Principal Office Address

3. Mailing Office Address

155, S.W. PEACOCK BLVD

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

City & State

Zip

34986

Country

ST. LUCIE.

Zip

Country

4. State/Country of Formation

FL / ST. LUCIE

5. Date Organized or Qualified  
To Do Business in Florida

08/16/2000

6. FEI Number

65-0986968.

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

300004652469-1

-10/25/01--01019--008

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

\*\*\*\*\*55.00 \*\*\*\*\*55.00

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	DHIRENDRA. N. PATEL	222 HERNANDO ST. FORT PIERCE - FL - 34949	FT. PIERCE / FL / 34949
Secretary	BALVANTRAI G. PATEL	237 BELL BRACH LN.	JACKSONVILLE / FL / 32259

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

10/16/01

Daytime Phone #

561-464-0405

Typed or printed name of signing Managing Member/Manager

DHIRENDRA. N. PATEL