

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS
02/10/2002 AM 8:01

DOCUMENT # L00000003512

1. Limited Liability Company's Name

APURVA, LLC

REINSTATEMENT

2001 -
2002

900009228329
11/26/02--01079--005 **205.00

2. Principal Office Address

1920 SEAWAY DRIVE

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

Zip Country

34949

USA

3. Mailing Office Address

C/O CANDY GRAHAM'S ACCOUNTING

Suite, Apt. #, etc.

841 SEVEN GABLES CIRCLE SE

City & State

PALMBAY, FL

Zip Country

32909

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

03/29/2000

6. FEI Number

59-3637272

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

CALVITA GRAHAM

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

841 SEVEN GABLES CIRCLE SE

Suite, Apt. #, Etc.

City

PALMBAY

State
FL

Zip Code

34949

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 11/20/2002

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 |
|--------|--------------------------------------|---|-----------------------|
| MGR | NAYAN PATEL | 1920 SEAWAY DRIVE | FORT PIERCE, FL 34949 |
| MGR | SUSHMABEN PATEL | 1920 SEAWAY DRIVE | FORT PIERCE, FL 34949 |
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REINSTATEMENT

2001 -
2002

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 11/20/2002 Daytime Phone # 772-461-8737

Typed or printed name of signing Managing Member/Manager

NAYAN PATEL