

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL -2 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 000000005109

1. Limited Liability Company's Name

RANCHHODSTI, L.L.C.

200132045892
07/01/08--01029--005 **660.00
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

4530.E.Columbus DR

Suite, Apt. #, etc.

OFFICE

City & State

TAMPA, Florida

Zip

33605

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

- SAME -

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Prakesh Patel

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

4530.E.Columbus DR.

Suite, Apt. #, Etc.

OFFICE

City

TAMPA

State

FL

Zip Code

33605

4. State/Country of Formation

Florida . U.S.A

5. Date Organized or Qualified
To Do Business in Florida

1/16/2002

6. FEI Number

593645603

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Paty P.v

REGISTERED AGENT MUST SIGN

Date 6/26/08

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	Satish Kumar Patel	4530.E.Columbus DR	TAMPA, FL 33605
mGRM	RAJESH KUMAR		
mGRM	DINESH Patel		
mGRM	Prakash Patel		

REINSTATEMENT 05-08 CUS 6A

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

Patel P.v

Date 6/26/08

Daytime Phone # 813-621-4661

Typed or printed name of signing Managing Member/Manager

Prakash Patel