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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000010445

Name and Mailing Address

0009471 01 AT 0.292 \*\*AUTO T5 1 0615 33617-720919



SARANI L.L.C.  
319 BRENTWOOD DR  
TAMPA FL 33617-7209



2. New Mailing Address <b>18305 WEYBURN AVE</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>TAMPA, FL 33647</b>		5. Date Organized or Qualified To Do Business in Florida <b>08/30/2000</b>	
Principal Place of Business <b>319 BRENTWOOD DR TAMPA FL 33606</b>	3. New Principal Place of Business Address <b>18305 WEYBURN AVE</b> City, State, Zip <b>TAMPA, FL 33647</b>	6. FEI Number <b>59-3667550</b>	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent <b>PATEL, NILESH M 115 WILLOW AVENUE TAMPA FL 33606</b>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box) <b>10001 24th St 10/27/03--01095--016--**150.00</b> City <b>FL</b> Zip Code			
10. 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 <b>SIGNATURE REQUIRED</b> Date <b>10/20/03</b> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PATEL, ANITA S	<del>10540 VILLA VIEW CIRCLE</del> <b>18305 WEYBURN AVE</b>	TAMPA FL 33647
MGRM	PATEL, SARJU R	<del>10540 VILLA VIEW CIRCLE</del> <b>18305 WEYBURN AVE</b>	TAMPA FL 33647
<b>REINSTATEMENT</b> <b>03</b> <b>dec</b>			

12. 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

**SIGNATURE REQUIRED**

Date **10/20/03** Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)