

# REINSTATEMENT

2001, 2002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2002 SEP 30 PM 12:26

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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-10/02/02--01032--005  
\*\*\*\*\*205.00 \*\*\*\*\*205.00

DOCUMENT # L00000013777

1. Limited Liability Company's Name

786 FLORIDA, LLC

2. Principal Office Address

C/O MAYNK TOPRANI

Suite, Apt. #, etc.

WEATHER STATION

City & State

57, Front St. Key West, FL

Zip

33040

Country

U.S.A

3. Mailing Office Address

P.O. Box 113

Suite, Apt. #, etc.

City & State

KEY WEST, FLORIDA

Zip

33041-0113

Country

U.S.A

2001-2002

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

11/06/2000

6. FEI Number

None

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

MAYNK TOPRANI

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

WEATHER STATION

Suite, Apt. #, Etc.

57, FRONT STREET

City

KEY WEST

State

FL

Zip Code

33040

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

*Maynk Toprani*

REGISTERED AGENT MUST SIGN

Date Sept. 11, 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	NEELAM TOPRANI	C/O MAYNK TOPRANI Weather Station 57, Front Street	Key West, FLORIDA 33040
MGR	HARISH JOSHI	C/O MAYNK TOPRANI Weather Station 57, Front Street	Key West, FLORIDA 33040

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

Manager

*Neelam Toprani*

Date Sept 11, 2002

Daytime Phone #

305-797-6327

Typed or printed name of signing Managing Member/Manager

NEELAM TOPRANI

CR2E041 (9/01)