

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 AUG -7 AM 9:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000001572**

1. Limited Liability Company's Name

SELVAM, PL

2. Principal Office Address

7102 N Armenia Ave

Suite, Apt. #, etc.

3. Mailing Office Address

7102 N Armenia Ave

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33604

Country

USA

Zip

33604

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

January 30, 2001

6. FEI Number

☒ 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

UTHAYA KUMAR

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

7102 N. ARMENIA AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33604

600022128055

08/07/03--01016--001 **200.00

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

[Signature]

Date 7/30/03

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 |
|--------|--------------------------------------|--|--------------------|
| MEM | Selvanayagam, Uthayakumar | 7102 N Armenia Ave | Tampa, FL 33604 |
| MEM | Uthayakumar, Jagatha | 7102 N Armenia Ave | Tampa, FL 33604 |
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REINSTATEMENT
2002-03

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

[Signature]

Date 7/30/03

Daytime Phone # (813) 935-2080

Typed or printed name of signing Managing Member/Manager

UTHAYA KUMAR

CR2E041 (10/02)