

LEARN THE RULES AND INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000007248

COMPANY
REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -5 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000007248**

1. Limited Liability Company's Name

CLIFTON PALMS LLC

2. Principal Office Address

39-52 - MAYPORT - R.O.

Suite, Apt. #, etc.

APT. OFFICE

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

USA

3. Mailing Office Address

10,000 S. WESTMOORE AVE.

Suite, Apt. #, etc.

APT 1 D (COUNTRY MANAGEMENT)

City & State

PORTAGE, MI

Zip

49002

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

05/08/2001

6. FEI Number

59-3718663

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

DALE A BEARDSLEY ESQ

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

4595 LEXINGTON AVENUE, SUITE #100

Suite, Apt. #, Etc.

SUITE #100

City

JACKSONVILLE

State

FL

Zip Code

32210-2058

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]
REGISTERED AGENT MUST SIGN

Date

4/7/03

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
Owner	SUNIL KOLOLGI MGRM	7417 CLIFTON QUARRY DR.	CLIFTON, VA, 20124
Owner	BINA KOLOLGI MGRM	7417 CLIFTON QUARRY DR.	CLIFTON, VA, 20124

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

3/25/03

Daytime Phone #

703 830 7874

Typed or printed name of signing Managing Member/Manager

[Signature]

SUNIL V. KOLOLGI

CR2E041 (9/01)