

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000008593

Name and Mailing Address

0007869 01 FP 0.352 **PRSRT T4 0 0615 37355-653514



M.P.R., LLC

2314 HILLSBOROUGH BLVD.

MANCHESTER TN 37355-6535



2. New Mailing Address

701 EAST FLETCHER AVE.

TAMPA, FL 33612

Principal Place of Business

2314 HILLSBOROUGH BLVD.
MANCHESTER TN 37355

3. New Principal Place of Business Address

701 EAST FLETCHER AVE.

TAMPA, FL 33612

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/30/2001

6. FEI Number

593760467

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

SBAR, MARIAN H
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name PRAVIN MODI

Street Address (P.O. Box Number is Not Acceptable)
701 EAST FLETCHER AVE. APT. 256

TAMPA, FL 33612

City TAMPA

FL

Zip Code 33612

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 PRAVIN S. MODI

Date 11/25/02

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
President	NISHITH JOBALIA	2314 HILLSBORO BLVD.	MANCHESTER, TN 37355
V.P.	PRAVIN MODI	701 East Fletcher Ave. APT. 256	TAMPA, FL 33612

100009329121
12/03/02--01083--003 **150.00

REINSTATEMENT

2072

12/11/02

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

NISHITH JOBALIA

Date 11/25/02

Daytime Phone # 615-579-0800 cell

813-977-1550

Typed or printed name of signing Managing Member/Manager

NISHITH B. JOBALIA