

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 NOV -5 PM 5:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH. 1



10292004 REIN-LLC CR2E101 (6/04) 11/5

4. FEI Number 59-3729788 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANANT PATEL
401 KNIGHT OR.
TARPOON SPRINGS, FL 34688

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

11/2/04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME PATEL, ANANT
STREET ADDRESS 5850 CYPRESS GARDEN BLVD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME PATEL, MAHENDRA
STREET ADDRESS 5850 CYPRESS GARDEN BLVD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME PATEL, RAAHUL
STREET ADDRESS 5850 CYPRESS GARDEN BLVD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME PATEL, PRAFUL
STREET ADDRESS 5850 CYPRESS GARDEN BLVD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME V A S S INVESTMENTS, LL
STREET ADDRESS 17314 EMERALD CHASE DR.,
CITY-ST-ZIP TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/2/04

Date

727 942-6212

Daytime Phone #

REINSTATEMENT 2004