

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012130

Name and Mailing Address

0009481 01 AT 0.292 **AUTO TS 1 0615 33617-720919



SARRK PROPERTIES L.L.C.
319 BRENTWOOD DRIVE
TAMPA FL 33617-7209



2. New Mailing Address 18305 WEYBURN AVE		4. State/Country of Formation FL	
City, State, Zip TAMPA, FL 33647		5. Date Organized or Qualified To Do Business in Florida 07/23/2001	
Principal Place of Business 319 BRENTWOOD DRIVE TAMPA FL 33617	3. New Principal Place of Business Address 18305 WEYBURN AVE	6. FEI Number 59-3732664	Applied For Not Applicable
City, State, Zip TAMPA, FL 33647		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent PATEL, NILESH M 115 SOUTH WOLLOW AVE. TAMPA FL 33606		9. Name and Address of New Registered Agent Name 100024171441 Street Address (P.O. Box Number is Not Acceptable) 10/27/03--01095--003 **150.00 City FL Zip Code	

CR2E084 (7/03)

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 **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date **10-20-03**

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
MGRM	ARTHUR INVESTMENTS LIMITED	P.O. BOX 803	BRITISH VIRGIN ISLANDS
MGRM	PATEL, SARJU R	319 BRENTWOOD DRIVE 18305 WEYBURN AVE	TAMPA FL 33617 33647

REINSTATEMENT 03
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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 **SIGNATURE REQUIRED**

Date **10/20/03** Daytime Phone #

Typed or printed name of signing Managing Member/Manager