

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF A LIMITED LIABILITY COMPANY

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L01000015336

FILED

03 DEC -9 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015336

Name and Mailing Address

0016152 01 MB 0.309 **AUTO T9 0 0615 37086-354406



PURVI PETROLEUM III, LLC
106 ENTERPRISE BLVD.
LA-VERGNE TN 37086-3544



2. New Mailing Address As Above		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/04/2001	
Principal Place of Business 106 ENTERPRISE BLVD. LA-VERGNE TN 37086	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3751811	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent PATEL, RAJENDRA B 9232 HIDDENWATER CIR RIVERVIEW FL 33569		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600025337626 City 12/09/03 01010-023 FL 150-00 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** **REINSTATEMENT** **2003**

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
MGRM	PATEL, RAJENDRA	1450 S HIAWASSEE RD SUITE 97 9232, Hidden water cir	ORLANDO FL 32085 RIVERVIEW FL 33569
MGRM	PATEL, KALPESH	1450 S HIAWASSEE RD SUITE 97	ORLANDO FL 32835
MGRM	PATEL, VIDHYABEN	106 ENTERPRISE BLVD.	LA-VERGNE TN 37086
MGRM	PATEL, BABULAL	106 ENTERPRISE BLVD.	LA-VERGNE TN 37086
MGRM	PATEL, VISHNU	106 ENTERPRISE BLVD.	LA-VERGNE TN 37086
MGRM	PATEL, MINESH	106 ENTERPRISE BLVD.	LA-VERGNE TN 37086

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 **12-02-03** Daytime Phone # **615-793-1911**

Typed or printed name of signing Managing Member/Manager