

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 SEP -9 PM 12:46

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018312

1. Limited Liability Company's Name

SURBHI CREATIONS, LLC

2. Principal Office Address

15635 SW 100 TERRACE  
MIAMI, FL 33196

Suite, Apt. #, etc.

City & State

Zip

Country

USA

3. Mailing Office Address

15635 SW 100 TERRACE  
MIAMI, FL 33196

Suite, Apt. #, etc.

City & State

Zip

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified  
To Do Business in Florida

10-18-2001

6. FEI Number

22-3835485

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

Name

MONISHA MELWANI

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

15635 SW 100 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

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

R. Melwani  
REGISTERED AGENT MUST SIGN

Date

8/21/03

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
MGRM	MONISHA MELWANI	15635 SW 100 TERRACE MIAMI, FL 33196	
			500022884425 09/09/03 01064 007 **200.00

REINSTATEMENT

2002-03

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

R. Melwani

Date

8/21/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

MONISHA MELWANI