

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000001314

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -6 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000001314

1. Limited Liability Company's Name

Shiv Shakti, LLC

2. Principal Office Address

2725 N. Pine Hills Road

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32808-3535

Country

USA

3. Mailing Office Address

2725 N. Pine Hills Road

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32808-3535

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/17/2002

6. FEI Number

30-0026241

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

Raghu K. Patel

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

2725 North Pine Hills

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32808-3535

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

Raghu K. Patel

Date

10/1/03

REGISTERED AGENT MUST SIGN

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	Malti Patel	2725 N. Pine Hills Road	Orlando, FL 32805-3535

REINSTATEMENT

2003

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

Malti Patel

Date

10/1/03

Daytime Phone #

407 297 1147

Typed or printed name of signing Managing Member/Manager