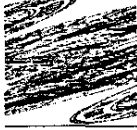


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 15 PM 4:12

DOCUMENT # L02000004178

1. Limited Liability Company's Name

PYLARA, LLC

2. Principal Office Address

2336 RYE GRASS LANE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

Zip

32765

Country

SEMINOLE

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/18/02

6. FEI Number

04-3605751

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

000031198070
04/23/04--01020--011 **50.00

8. Name and Address of Current Registered Agent

Name

SHYAM SANKAR

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

2336 RYE GRASS LANE

Suite, Apt. #, Etc.

City

OVIEDO

State

FL

Zip Code

32765

000031198070
03/25/04--01045--004 **150.00

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

REGISTERED AGENT MUST SIGN

Date 4-7-04

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	SHYAM SANKAR	2336 RYE GRASS LANE	OVIEDO, FL 32765

REINSTATEMENT

03-04
dca

200.00

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

Date 3-21-04

Daytime Phone # 407-484-6779

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)