

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 10/2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -8 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000011215

1. Limited Liability Company's Name

HARIHER INVESTMENTS. L.L.C

2. Principal Office Address

2332 Griffin Rd

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33810

Country

POIK

3. Mailing Office Address

2332 Griffin Rd

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33810

Country

POIK

4. State/Country of Formation

FL POIK

5. Date Organized or Qualified
To Do Business in Florida

5/19/2002

6. FEI Number

38-3644601

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

Dipin Patel

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

5527 Northcove

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

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

Dipin Patel

REGISTERED AGENT MUST SIGN

Date 6/3/04

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
Manager	Dipin Patel -	5527 Northcove	Lakeland FL 33809
Manager	Gauri Patel	5527 Northcove	Lakeland FL 33809

REINSTATEMENT 03-04

600037765846
06/08/04--01049 001 **100.00

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

Gauri Patel

Date 6/3/04

Daytime Phone# 863 816-8860

Typed or printed name of signing Managing Member/Manager

GAURI PATEL

CR20041 (10/02)

282

Thursday, June 3, 2004

04 JUN -3 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Department of State:

This letter is behalf of Hariher Investments LLC, Document # L02000011215. The mailing address for the corporation had been changed. Due to this, we were unable to get the annual documents and form that had to be filed. Since nothing was sent to us, it was simply understood that there was nothing for us to send. I was unaware of the forms that needed to be filled out annually until just recently. When I called the office I was told to send a letter with a reinstatement form and the fee. As a result of the mailing change, I am asking if the late fee can be waived. Please give me an answer as soon as possible.

Thank you for your time

Gauri Patel

Gauri Patel

Hariher Investments LLC.

Document #L02000011215