

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
Jun 21, 2007 8:00 A.M.
Secretary of State

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000011444

1. Limited Liability Company's Name

**Orlando Tandoori Restaurant
LLC.**

700104437147
06/15/07--01062--009 **300.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # **1921 Central FL.PKWY**

Suite, Apt. #, etc.

City & State
Orlando, Florida

Zip
32837

Country
USA

3. Mailing Office Address
1921 Central FL.PKWY

Suite, Apt. #, etc.

City & State
Orlando, Florida

Zip
32837

Country
USA

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified
To Do Business in Florida **May 10, 2002**

6. FEI Number
331004546

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
Anam Syed

Street Address (P.O. Box Number is Not Acceptable)
1921 Central Florida Parkway

Suite, Apt. #, Etc.
A

City
Orlando

State
FL

Zip Code
32837

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 **Anam Syed (Managing Member)**
REGISTERED AGENT MUST SIGN

Date **06/12/07**

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
MG RM	(MGRM) Anam Syed	1921 Central FL.PKWY	Orlando/FL/32837
		Suite A	
MG RM	(MGRM) Kamal Miah	1921 Central FL.PKWY	Orlando/FL/32837
		Suite A	

REINSTATEMENT 2004-07

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 **Anam Syed**

Date **06/12/07** Daytime Phone # **407-857-7933**

Typed or printed name of signing Managing Member/Manager **ANAM SYED**