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PLEASE RE-REGISTER ALL BUSINESSES BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Glenn E. Hoss
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000012889

Name and Mailing Address

0009062 01 AT 0.292 **AUTO H3 0 0615 33338-448080



SATYAN BEACH PROPERTIES, LLC
PO BOX 4480
FORT LAUDERDALE FL 33338-4480

03 DEC 26 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000025759493
12/26/03--01003--001 **150.00



2. New Mailing Address PO BOX 4480		4. State/Country of Formation FL	
City, State, Zip FL Lauderdale, FL 33338		5. Date Organized or Qualified To Do Business in Florida 05/28/2002	
Principal Place of Business 3030 HARBOR DRIVE FORT LAUDERDALE FL 33308	3. New Principal Place of Business Address 3030 Harbor Drive City, State, Zip FL Lauderdale, FL 33316	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent SRIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI FL 33145		9. Name and Address of New Registered Agent Name PRO MUKHI Street Address (P.O. Box Number is Not Acceptable) 3030 HARBOR DR, #461 City FL LAUDERDALE FL Zip Code 33316	
10. 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 SIGNATURE REQUIRED Date 12/11/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MUKHI, PRAKASH	3030 HARBOR DRIVE	FORT LAUDERDALE FL 33308
MGR	MUKHI, MANISH	3030 HARBOR DRIVE	FORT LAUDERDALE FL 33308
MGR	MUKHI, ROWENS	3030 HARBOR DRIVE	FORT LAUDERDALE FL 33308
12. 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 SIGNATURE REQUIRED		Date 12/11/03	Daytime Phone # 954-463-8579
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)