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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

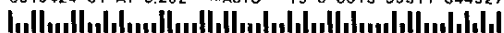
03 OCT 30 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000014086

Name and Mailing Address

0013424 01 AT 0.292 \*\*AUTO T9 0 0615 33511-644927



DHARI, LLC  
127 BARRINGTON DRIVE  
BRANDON FL 33511-6449



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/07/2002	
Principal Place of Business 127 BARRINGTON DRIVE BRANDON FL 33511	3. New Principal Place of Business Address	6. FEI Number	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BAKARANIA, REKHA 127 BARRINGTON DRIVE BRANDON FL 33511		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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**

REGISTERED AGENT MUST SIGN

REINSTATEMENT

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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
President	Rekha Bakaramia	127 Barrington Drive	Brandon, Fla. 33511
V.P.	Rekha Bakaramia	"	
Secretary	Rekha Bakaramia	"	
	100% owner	Rekha Bakaramia	

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

REKHA BAKARAMIA

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager