L02000014761

Florida Department of State

Division of Corporations

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To:
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Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY REINSTATEMENT

EAST WEST ACQUISITIONS,LLC

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 6, 2004

EAST WEST ACQUISITIONS,LLC
1121 EAST BROWARD BOULEVARD
FORT LAUDERDALE, FL 33069

SUBJECT: EAST WEST ACQUISITIONS,LLC
REF: L02000014761

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Diane Tushing
Document Specialist

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H04000138883 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 NOV 30 A 9:03

DOCUMENT # L02000016761

1. Limited Liability Company's Name
EAST WEST ACQUISITIONS, LLC

2. Principal Office Address	3. Mailing Office Address
1212 BROWARD BLVD.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUD, FLORIDA	City & State
Zip: 33069 County: BROWARD	Zip County

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: JUNE 13 2002
6. FEI Number: 65-1160143 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS ORDERED ☐

8. Name and Address of Current Registered Agent

Name: RAJU MANIAR
Street Address (P.O. Box Number is Not Acceptable): 7737 N. UNIVERSITY DRIVE, # 201
Suite, Apt. #, Etc.
City: TAMARAC, State: FL Zip Code: 33321

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: R Maniar. Date: June 13 2004
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PALGHAT SAHASRANAMAM	12088 CLASSIC DRIVE	CORAL SPRINGS, FL 33071
MGRM	H. V. DHARMAPPA	5137 N.W 109 TER.	CORAL SPRINGS, FL 33076

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 608.508, 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] Date: Nov 13, 04 Daytime Phone #: 954-467-3050

Typed or printed name of signing Managing Member/Manager: _____