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To:
Division of Corporations
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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2004 JUN 10 A 9:03

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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 refile 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.

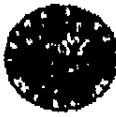
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Diane Rushing
Document Specialist

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Letter Number: 804A00043261

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		JUN 13 2004 11:30 A 9:03	
DOCUMENT # L020000014761 1. Limited Liability Company's Name EAST WEST ACQUISITIONS, LLC					
2. Principal Office Address 1218 BROWARD BLVD. Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA	
City & State FT. LAUD., FLORIDA		City & State		5. Date Organized or Qualified To Do Business in Florida JUNE 13 2002	
Zip 33069	Country BROWARD	Zip	Country	6. FEI Number 65-1160143	Applied For ☐
7. CERTIFICATE OF STATUS OBTAINED ☐				Not Applicable	
8. Name and Address of Current Registered Agent					
Name RASU 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 605, 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	PALCHAY SAHASRANAMAN	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 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been withdrawn, the limited liability company name satisfies the requirements of section 605.406, 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]				Date June 13, 04 Daytime Phone # 954-467-3053	
Typed or printed name of signing Managing Member/Manager					