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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 NOV -3 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000015663

Name and Mailing Address

0013319 01 AT 0.292 \*\*AUTO T8 2 0615 34994-571877

RAJA-JANI, L.L.C.

3061 S.E. ASTER LANE, #302  
STUART FL 34994-5718



2. New Mailing Address

P.O. Box 367

City, State, Zip

Port Salerno, FL 34992

Principal Place of Business

3061 S.E. ASTER LANE, #302  
STUART FL 34994

3. New Principal Place of Business Address

3521 SE Fairway West

City, State, Zip

Stuart, FL 34997

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

06/21/2002

6. FEI Number

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

NORMAN, KENNETH A  
2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR  
STUART FL 34994

9. Name and Address of New Registered Agent

Name

Dew L. Chagani

Street Address (P.O. Box Number is OK, Acceptable)

3521 SE Fairway West

City

Stuart

FL

Zip Code

34997

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

*Dew L. Chagani*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/21/03

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	Aziz Chagani	3521 SE Fairway West	Stuart, FL 34997

400024344924  
11/03/03--01003--005--\$50.00

REINSTATEMENT

03

dec

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

*Aziz Chagani*  
**SIGNATURE REQUIRED**

Date 10/21/03

Daytime Phone # (772) 219-7684

Typed or printed name of signing Managing Member/Manager