L02000018823

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 NOV 14 PM 4:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TOD112458691
11/20/07--01031--014 **80.00

CR2E041 (1/07)

DOCUMENT # L02000018823

04

1. Limited Liability Company's Name
Chhabra Group Acquisitions LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1985 North Park Dr.	26665 South Bayshore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #703
City & State: Weston, FL	City & State: Miami, FL
Zip: 33326 Country: USA	Zip: 33133 Country: USA

4. State/Country of Formation: FLORIDA/U.S.A
5. Date Organized or Qualified To Do Business in Florida: 7/25/2002
6. FEI Number: APPLIED FOR. ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $50.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: World Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 26665 South Bayshore Drive, Suite 703
Suite, Apt. #, Etc: Suite 703
City: Miami State: FL Zip Code: 33133

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] Date: 11/12/07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
Mgr.	Vincent Chhabra	1985 North Park Dr.	Weston, FL 33326

REINSTATEMENT 2004-2007

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: 11/12/07 Daytime Phone # 954 896 6336

Typed or printed name of signing Managing Member/Manager: Vincent Chhabra