

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:51

1. DOCUMENT # L02000027350

Name and Mailing Address

0013456 01 AT 0.292 \*\*AUTO T9 0 0615 33543-912215



DEVrani & JETHANI, LLC  
27615 STATE ROAD 54 WEST  
WESLEY CHAPEL FL 33543-9122



|  |  |   |                                     |
|--|--|---|-------------------------------------|
| 2. New Mailing Address   |  | 4. State/Country of Formation<br>FL   |                                     |
| City, State, Zip   |  | 5. Date Organized or Qualified<br>To Do Business in Florida 10/16/2002  |                                     |
| Principal Place of Business<br>27615 STATE ROAD 54 WEST<br>WESLEY CHAPEL FL 33543  | 3. New Principal Place of Business Address<br>City, State, Zip | 6. FEI Number<br>04-3721550   | Applied For<br>Not Applicable       |
| 8. Name and Address of Current Registered Agent<br>WHITEMORE, DONALD H<br>100 SOUTH ASHLEY DRIVE, SUITE 1900<br>PHELPS DUNBAR LLP<br>TAMPA FL 33602  |  | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required<br>for a Certificate of Status |                                     |
| 9. Name and Address of New Registered Agent<br>Name <u>Sapna Patel</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>2606 E Bay Isle Dr SE</u><br>City <u>ST PETERSBURG</u> FL Zip Code <u>33705</u>   |  |   |                                     |
| 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.<br>Signature of Registered Agent <u>Sapna Patel</u> <b>SIGNATURE REQUIRED</b> Date <u>11/4/03</u><br>REGISTERED AGENT MUST SIGN   |  |   |                                     |
| 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                  |
| MGRM   | PATEL, NITA  | 27615 STATE ROAD 54 WEST  | WESLEY CHAPEL FL 33543              |
| MGRM   | PATEL, GITA  | 27615 STATE ROAD 54 WEST  | WESLEY CHAPEL FL 33543              |
| 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 <u>Sapna Patel</u>  |  | Date <u>1/20/04</u>   | Daytime Phone # <u>813-907-1379</u> |
| Typed or printed name of signing Managing Member/Manager <u>Nita Patel</u>   |  |   |                                     |

CR2E084 (7/03)