

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -5 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03/05/04--01010--030 \*\*200.00

DOCUMENT # L02000029184

1. Limited Liability Company's Name

THE MOORINGS, LLC

2. Principal Office Address

9100 Bayhill Blvd.

3. Mailing Office Address

9100 Bayhill Blvd.

Suite, Apt. #, etc.

680 ISLAND WAY #210

Suite, Apt. #, etc.

680 ISLAND WAY #210

City & State

Orlando, FL CLEARWATER

City & State

Orlando CLEARWATER, FL

Zip 33767  
32849

Country  
USA

Zip 33767  
32849

Country  
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/04/02

6. FEI Number

22-3880461

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

Name

Pankaj Patel

Street Address (P.O. Box Number is Not Acceptable)

9100 Bayhill Boulevard 680 ISLAND WAY #210

Suite, Apt. #, Etc.

City

Orlando CLEARWATER, FL

State  
FL

Zip Code

32849 33767

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

Date March 2, 2004

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Pankaj Patel	9100 Bayhill Blvd. 680 ISLAND WAY #210	Orlando, FL 32819 CLEARWATER, FL 33767

11. I certify that I am managing member/manager of 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

Date 3-2-04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

PANKAJ PATEL

CR2E041 (10/02)