

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000032738

1. Entity Name  
SHIV SHAKTI FOOD STORES, L.L.C.



Principal Place of Business  
3800 N. WASHINGTON BLVD.,  
SARASOTA, FL 34234

Mailing Address  
3800 N. WASHINGTON BLVD.,  
SARASOTA, FL 34234

**FILED**

2007 APR 30 AM 10: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 REIN-LLC

CR2E101 (1/07)

City & State

City & State

4. FEI Number

55-0808887

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

J. KEVIN DRAKE  
1432 FIRST STREET  
C/O DOOLEY & DRAKE P.A.  
SARASOTA, FL 34236

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME PATEL, HARESH N  
STREET ADDRESS 69 EDISON ROAD  
CITY-ST-ZIP LAKE HOPATCONG, NJ 07849

TITLE ☐ Change ☐ Addition  
NAME 100101797101  
STREET ADDRESS 05/08/07--01017--011 \*\*100.00  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME PATEL, ASHOKBHAI  
STREET ADDRESS 4514 3RD STREET CIRCLE WEST  
CITY-ST-ZIP BRADENTON, FL 34207

TITLE ☒ Change ☐ Addition  
NAME 3800 N Washington Blvd  
STREET ADDRESS Sarasota FL 34234  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME REINSTATEMENT  
STREET ADDRESS 06-07  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #