

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 18 PM 2:12

DOCUMENT # **602000033320**

1. Limited Liability Company's Name

KRISHNA OF ORLANDO, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

2403 SE 17th St

Suite, Apt. #, etc.

201

City & State

OCALA

Zip

34471

Country

ORANGE

3. Mailing Office Address

2403 SE 17th St

Suite, Apt. #, etc.

201

City & State

OCALA

Zip

34471

Country

ORANGE

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

4/1/03

6. FEI Number

57-1139875

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

JAYESH PATEL

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

2403 SE 17th St

Suite, Apt. #, Etc.

201

City

OCALA

State

FL

Zip Code

34471

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

REGISTERED AGENT MUST SIGN

Date **12/13/07**

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
MEM	PATEL, BHARAT P.	14 CLOVE RD.	LITTLE FALLS, NJ 07424
MEM	PATEL JAYESH A.	1675 RACHELS RIDGE ^{400P}	OCFEE, FL 34761

REINSTATEMENT 2006-07

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 608.406, 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 **12/13/07**

Daytime Phone # **407-468-0719**

Typed or printed name of signing Managing Member/Manager

JAYESH A. PATEL