

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 # 40300005433

1. Limited Liability Company's Name

SHREENATHJI OF VRAJ, 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

Suite, Apt. #, etc.

Same

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

4/11/03

6. FEI Number

36-4522149

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 A. 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 34461

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