## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-1-04 w

LIMITED LIABILITY
COMPANY
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # L 03000006755				
Amrika Realty	LLC			
			CR2E041 (8/05)	
3.301 NW South River Dr.	3. Mailing Office Address 1. 3301 NW South River Dr.	4. State/Country of Form	mation	<del></del>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Florida		
		5. Date Organized or Qu. To Do Business in Flo	ualified / /	
City & State	City & State		2/2//2	The Fac
Miami Fl	Miami, Florida	6. FEI Number 04.3740		optied For ot Applicable
2ip Country 33142 USA	Zip Country USA.	7. CERTIFICATE OF STATUS		Fee required
8. Name and Address of Current Registered Agent				
John Bohatch Esq.				
Street Address (P.O. Box Number is Not Acceptable)				]
2600 Donglas Rd. Penthouse 8 Suite, Apt. #, Etc.				1
	·			•
city Coral Gables	V	State FL	2ip Code 33/34	<u> </u>
9. I, being appointed the registered agent of the abo	ove named limited liability company, am familiar with and	accept the obligations of Chr	apter 608, F.S.	
Signature of Registered Agent Date 12/20/06.				
10. Names and Street Addresses of Managing Men	nbers/Managers			
<del></del>		<del></del>		

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 filling 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 \_

Harbhato Sigl

Date 12/20/06 Da

6 Daytime Phone # 305 342 925

Typed or printed name of signing Managing Member/Manager Harbhajan Kainth