

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000029931

1. Limited Liability Company's Name

SATYANARAYAN BEACH PROPERTIES,  
LLC

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

GIGI'S RESORT INN

Suite, Apt. #, etc.

3005 ALHAMBRA ST.

City & State

FT. LAUDERDALE, FL

Zip

33304

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL / BROWARD

5. Date Organized or Qualified  
To Do Business in Florida

JUNE 2005

6. FEI Number

05-0576166

☐ 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

PRAKASH MUKHI

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

3030 HARBOR DR

Suite, Apt. #, Etc.

T

City

FT. LAUDERDALE

State

FL

Zip Code

33316

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

Praakash Mukhi

REGISTERED AGENT MUST SIGN

Date June 8, 2010

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	MANISH MUKHI	3030 HARBOR DR	FT. LAUDERDALE, FL
MGRM	PRAKASH MUKHI	"	" 33316
			S. HAWKES
			JUN 10 2010
			EXAMINER

11. E-mail Address:

PRD 1944@YAHOO.COM

(To be used for future annual report notifications)

12. 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

Praakash Mukhi

Date

6/8/10

Daytime Phone #

954-547-7767

Typed or printed name of signing Managing Member/Manager

PRAKASH MUKHI

FILED

10 JUN 17 AM 11:50

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06/15/10--01013--002 \*\*\$373.75  
700182091417  
06/15/10--01013--003 \*\*\$5.00

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