

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

08 MAY 27 PM 3: 24

**1. Limited Liability Company's Name**

## Mohak, LLC

500130448005  
05/30/08--01005--001 \*\*818.75

CR2E041 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tampa, Florida**

Country  
U.S.Country  
U.S.

**8. Name and Address of Current Registered Agent**

Name **Alan S Gassman, Esq** **DILIP Patel**

Street Address (P.O. Box Number is Not Acceptable)  
**1245 Court Street** **140 Pine Ave. North**

Suite, Apt. #, Etc.  
**102** **34677**

City **Clearwater** **OLDSMAR** State **FL** Zip Code **33756**

4. State/Country of Formation  
**Florida**

**5. Date Organized or Qualified To Do Business in Florida** 06/25/03

6. FEI Number

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	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.

**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 03/04/2008

**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	DR. MANJUL DERASARI	1910 E Busch Blvd. 1912	Tampa, Florida 33612

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 2/26/08

Daytime Phone # **813-933-5900**

Typed or printed name of signing Managing Member/Manager Dr. Manjul Derasari