

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 SEP 14 AM 10:14

CR2E041 (1/07)

DOCUMENT # L03000038064

1. Limited Liability Company's Name

SHIMENHDEV, LLC

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

1315 TUSKAWILLA ROAD

Suite, Apt. #, etc.

Suite 113

City & State

WINTER SPRINGS FL

Zip

32708

Country

USA.

3. Mailing Office Address

1315 TUSKAWILLA ROAD

Suite, Apt. #, etc.

113

City & State

WINTER SPRINGS FL

Zip

32708

Country

USA

4. State/Country of Formation

FLORIDA. USA.

5. Date Organized or Qualified
To Do Business in Florida

10/06/2003

6. FEI Number

90-0115837

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 DEVENDRA PATEL

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

405 KAYE LANDING DRIVE

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/12/2007

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	DEVENDRA PATEL	1315 TUSKAWILLA ROAD ST. 113	WINTER SPRINGS FL 32708 100109872291 09/25/07--01008--019 **205.00

REINSTATEMENT

2004-2007

[Signature]

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

[Signature]

Date 9/12/07

Daytime Phone # 407-699-0505

Typed or printed name of signing Managing Member/Manager