

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 JAN 12 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L03000039635**

1. Limited Liability Company's Name

Ace Ltd. Co.

EO41 (10/08)

2. Principal Office Address - No P.O. Box #  
11075 Spring Hill Dr.

3. Mailing Office Address  
13463 Pullman Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Spring Hill, FL

Zip

34608

Country

USA

Zip

34609

Country

USA

4. State/Country of Formation  
Florida - USA

5. Date Organized or Qualified  
To Do Business in Florida 10/16/2003

6. FEI Number  
412096352

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  
Malhotra, Gaurav

Street Address (P.O. Box Number is Not Acceptable)  
13463 Pullman Dr.

Suite, Apt. #, Etc.

City  
Spring Hill

State  
FL

Zip Code  
34609

☐ 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

Date 12/11/2008

REGISTERED AGENT MUST SIGN

**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
MGMR	Malhotra, Gaurav	13463 Pullman Dr.	Spring Hill, FL 34609

**REINSTATEMENT** -07-08-09

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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 12/10/2008

Daytime Phone# (352) 584-8524

Typed or printed name of signing Managing Member/Manager