

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 MAY -5 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050705

1. Limited Liability Company's Name

Mariya Kalanyeh LLC

2. Principal Office Address

3516 Omela terr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

North port FL

Zip

34286

Country

Sarasota

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

80 0062338

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

Mariya Kalanyeh

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

3516 Omela terr

Suite, Apt. #, Etc.

City

North port

State

FL

Zip Code

34286

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

Mariya Kalanyeh

REGISTERED AGENT MUST SIGN

Date 05.02.05

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
MGR	Vasiliy Kalanyeh	3516 Omela terr	North port FL 34286
			200055717972 05/03/05--01048--022 **200.00

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

Vasiliy Kalanyeh

Date 05.02.05

Daytime Phone # (941) 429-6904

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)