

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 12 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800129052898
06/10/08--01003--024 **138.75
CR2E041 (12/07)

DOCUMENT # L04000065053

1. Limited Liability Company's Name

SASA ENTERPRISES LLC

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

14130 MORNING FROST DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32828

Country

USA

3. Mailing Office Address

14130 MORNING FROST DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32828

Country

USA

4. State/Country of Formation

FLORIDA / ORANGE

**5. Date Organized or Qualified
To Do Business in Florida**

08/30/2004

6. FEI Number

20-2782603

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

ALOK SHARMA

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

14130 MORNING FROST DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32828

☒ 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 **5.5.08**

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
MGRM	SUDHA SHARMA	14130 MORNING FROST DRIVE	ORLANDO, FLORIDA 32828
MGRM	ASHIMA SHARMA	14130 MORNING FROST DRIVE	ORLANDO, FLORIDA 32828

REINSTATEMENT 2006-2008

800129052898
05/12/08--01056--006 **277.50

WD8-24610

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 **5.5.08**

Daytime Phone # **407-928-1752**

Typed or printed name of signing Managing Member/Manager

SUDHA SHARMA