

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

200,000  
9-16-05

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:56

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000083878

1. Limited Liability Company's Name

CHHATWAL ENTERPRISES, LLC  
902 SW WILLOW LANE  
PALM CITY, FL 34990

2. Principal Office Address

902 SW WILLOW LANE

Suite, Apt. #, etc.

City & State

PALM CITY

Zip

34990

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

11/15/2004

6. FEI Number

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

VINAY CHHATWAL

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

902 SW WILLOW LANE

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

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

*Vinay Chhatwal*

REGISTERED AGENT MUST SIGN

Date 1/30/06

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	VINAY CHHATWAL	902 SW WILLOW LANE	PALM CITY, FL 34990
			600069637596 04/06/06--01043--020 **155.00
			600069637596 04/06/06--01043--021 **45.00
			REINSTATEMENT 05-06

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

*Vinay Chhatwal*

Date 1/30/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager VINAY CHHATWAL