PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAY 13 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/14)

1. Limited Liability Company's Name

GIRNAR, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4500 W. New Haven Avenue	4500 W. New Haven Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Melbourne, FL	City & State: West Melbourne, FL
Zip: 32904 / Country: USA	Zip: 32904 / Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/27/2004

6. FEI Number: 223904906 ☐ 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: Alexander C. Mackinnon, Esq.

Street Address (P.O. Box Number is Not Acceptable): 255 S. Orange Avenue

Suite, Apt. #, Etc.: Suite 800

City: Orlando, State: FL Zip Code: 32801

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Alexander C. Mackinnon Date: 5/01/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Shashi Mehta	4500 West New Haven Ave.	Melbourne, FL 32904

REINSTATEMENT

MAY 13 2014
R. HUNT

11. E-mail Address: shashihiexpress@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Shashi Mehta Date: 4/29/2014 Daytime Phone #: 301-346-0796

Typed or printed name of signing Authorized Representative/Manager: Sashi Mehta