## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

	KEINSIA	Y I EMEN I			_		Ellen	
DOCUMENT #L05000015182						SECRETA	FILED ARY OF STAT F CORPORAT	· c
1. Entity Name						DIAI210H O	FCORPORAT	เบพิ
SNKR II, LLC				<b>新工工工</b>		Üß ora		.0113
				1		17 2Fb 5	28 AMII: 1	L
Principal Plac	ce of Business		1		•	•		
	HIGHWAY 19 NORTH	Mailing Address 32180 US HIGHWAY 19 NORTH						
	OR, FL 34684	PALM HARBOR, FL 34684			1.0/			
						I BERDS PHAT BERN BERN PER	D <b>CT/D:</b> # <b>ED 1 C</b> 1701 # <b>FD2</b> HT	UN FFRANCIS (TO LINUS
2. Principal f	Place of Business	3. Mailing Address A						
		19103 AVE BAYONNES			1 1 1 Hamman	i Astai siiri Asii selit sel	n ariet tibri attel finat is	ie (iesti in iesti
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09262006	REIN-LLC	CR2E101 (11/	05)	
City & State		City & State		4. FEI Numb	er	14	Applied For	
		FL					Not Applicable	
Zip	Country	Zip 22550	Cour	itry USA	5. Certificate	of Status Desired		Additional
	6. Name and Address of Current	Paristand Asset		DY471	7 Name and	Addance of New E	Fee Req	uired
	o. Name and Address of Current	Kegistered Agent	7. Name and Address of New Registered Agent Name					
PATEL, S								
	19103 AVENUE BAYONNES LUTZ. FL 33549				(P.O. Box Numb	er is Not Acceptable	<del>3</del> )	
1012,12	33343			1				
				City			FL Zip	Code
9 The shows	a named entity submits this statement fo	- sk						
the obliga	tions of registered agent.	r the purpose of changing its	register	ed office or registe	ered agent, or oc	in, in the State of Hi	onda. Tam tamiliar v	ntn, and accept
SIGNATURE	XXX XX	_						
SIGNATORE	Signature typed or printed name of registered agent	and title if applicable. (NOTI	: Register	ed Agent signature requi	ired when reinstating		DATE	
	LE NOW!!! FEE IS \$50.00 lary 1, 2007, Fee will be \$100.00	In accordance with s liability company did					e check payable to a Department of S	
9.	MANAGING MEMBE		10.			ADDITIONS		
TITLE NAME	MGRM PATEL, SHODHAN	☐ Delete	TITLI		-1		Cham : (~~- (~~ ) } -	
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NAME	PATEL, KRUTIKA	L Delete	TTTLE NAMI				☐ Chan	ge 🗌 Addition
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NAME STREET ADDRESS CITY-ST-ZIP	certify that the Aformation supplied with	this filing does not quality for	CITY- TITLE NAME STREE CETY-	E ET ADDRESS -ST-ZIP	in Chapter 119.	Florida Statutes. I fu	withou continue that the	information
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby of indicated	certify that the aformation supplied with to this report is true and accurate and billity company or the seceiver or trustee	this filing does not qualify for that my signature shall have t	CITY  TITLE  NAMI  STRE  CITY  the exercise	-ST-ZIP  ET ADDRESS -ST-ZIP  Implions contained to legal effect as if in	nade under oath	: that I am a maned	withou continue that the	information
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