PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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08 MAY 14 PM 1:38

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05/12/08--01052--002 **138.75

CR2E041 (12/07)

DOCUMENT # L05000020090

1. Limited Liability Company's Name

KINNARI PROPERTES LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2103 FORESTGATE DR.W.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
JACKSONVILLE FL.			
Zip	Country	Zip	Country
32246	DUVAL		

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: FEB-28-2005

6. FEI Number: 20-2411569 ☐ 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: LEPRELL SAMUELL

Street Address (P.O. Box Number is Not Acceptable): 1930 SAN MARCO BLVD

Suite, Apt. #, Etc.: SUITE 201 ST MANNS PLACE

City: JACKSONVILLE State: FL Zip Code: 32207

☒ 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 3/27/08

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
MGR	RAJAT CHOPRA	318 BELHAVEN FALLS DR	ORLANDO FL 34761
MGR	JASHWANT N. SHAH	2103 FORESTGATE DR. WEST	JACKSONVILLE FL 32246
		REINSTATEMENT 2006-08	

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 4-9-08 Daytime Phone # 904 353 8231

Typed or printed name of signing Managing Member/Manager _____