


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 18 AM 10:12

192

DOCUMENT # L05000021728			
1. Entity Name MOTEL86.COM, LLC			
Principal Place of Business 23700 HWY 27 LAKE WALES, FL 3859 US		Mailing Address 23700 HWY 27 LAKE WALES, FL 3859 US	
2. Principal Place of Business 308-312-318 1st Street		3. Mailing Address 4 TWIN LANE NW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Auburndale, FL		City & State WINTER HAVEN, FL	
Zip 33881		Country USA	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		10092006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent PATEL, RAJNIKANTH 23700 HWY 27 LAKE WALES, FL 33859		7. Name and Address of New Registered Agent Name: PATEL RAJNIKANT Street Address (P.O. Box Number is Not Acceptable): 4 TWIN LANE NW City: WINTER HAVEN FL Zip Code: 33881	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, RAJNIKANTH 23700 HWY 27 LAKE WALES, FL 33859 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PATEL RAJNIKANT S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4 TWIN LANE NW WINTER HAVEN FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300080966763 10/18/06--01055--016 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 863-225-8030 Daytime Phone #	

2062

RAJNIKANT.S PATEL
4 TWIN LANE NW
WINTER HAVEN,FL,33881
October 17, 2006

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Ms.Debra S Cooper

Re: MOTEL86.COM LLC

Dear Ms.Cooper:

Thank you for renewing our corporation,since I never got this application due to moving
from one location to other.

I have written my permanent home address as above where I get all my mails

If you have any questions, give me a call. 863-229-8030

Sincerely,

Rajnikant.S patel