

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 12 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Document # L05000055966 Raja Financial Services LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

20801 Ortega Street

Suite, Apt. #, etc.

3. Mailing Office Address

2812 Springbluff Lane

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Buford, GA

Zip

32833

Country

USA

Zip

30519

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **yes**

6. FEI Number

20-2976876

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

Sarabjit Dhaliwal

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

20801 Ortega Street

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32833

☒ 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

S. Dhaliwal

REGISTERED AGENT MUST SIGN

Date **10-12-2007**

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	Sujenderpal Dhaliwal	2812 Springbluff Lane	Buford, GA 30519
MGRM	Narinder Dhaliwal	20801 Ortega Street	Orlando, FL 32833
			407-10747274 10/12/07--01071--019 **105.00

REINSTATEMENT

06-07

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

S. Dhaliwal

Date **10-12-2007**

Daytime Phone # **407-375-6209**

Typed or printed name of signing Managing Member/Manager **Sarabjit Dhaliwal**