




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000060991			
1. Limited Liability Company's Name RAMA VENTURES, LLC			
2. Principal Office Address - No P.O. Box # 1575 S.HIGHLAND AV Suite, Apt. #, etc.		3. Mailing Office Address 1575 S.HIGHLAND AV Suite, Apt. #, etc.	
City & State CLEARWATER, FL		City & State CLEARWATER	
Zip 33756	Country USA	Zip 33756	Country USA
4. State/Country of Formation FLORIDA/USA		5. Date Organized or Qualified To Do Business in Florida APRIL 15, 2006	
6. FEI Number 20-3243902		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name FELDMAN MARK H Street Address (P.O. Box Number is Not Acceptable) 3908 26TH STREET WEST Suite, Apt. #, Etc. City BRADENTON State FL Zip Code 34205			
<input checked="" type="checkbox"/> 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 4/15/09 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
PR	LALIT PATEL	1575 S.HIGHLAND AV	CLEARWATER, FL-33756 US
VP	KAMLESH PATEL	1575 S.HIGHLAND AV	CLEARWATER, FL-33756 US
REINSTATEMENT 2007-2009 Without Penalty up 4/23/09			
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 3/18/2009 Daytime Phone # (727) 462 2813 Typed or printed name of signing Managing Member/Manager KAMLESH PATEL			