

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 NOV -8 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09272006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
20-5297505

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

PATEL, NILESH  
115 SOUTH WILLOW AVENUE  
TAMPA, FL 33606

Name Christopher N. Ligori  
Street Address (P.O. Box Number is Not Acceptable)  
5509 W. Gray Street Suite 202  
City Tampa FL Zip Code 33609-1029

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 MGRM ☐ Delete  
NAME LIGORI, CHRISTOPHER  
STREET ADDRESS 115 SOUTH WILLOW AVENUE  
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☒ Change ☐ Addition  
NAME 5509 W Gray Street Suite 202  
STREET ADDRESS Tampa, FL 33609-1029  
CITY-ST-ZIP

TITLE MGRM ☒ Delete  
NAME PATEL, NILESH  
STREET ADDRESS 115 SOUTH WILLOW AVENUE  
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition  
NAME 400081619584  
STREET ADDRESS 11/08/06--01018--003 \*\*150.00  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME PATEL, SARJU  
STREET ADDRESS 115 SOUTH WILLOW AVENUE  
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone: #