2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT -8 PM 2:42

DOCUMENT # L05000090195

1. Entity Name
NEIL PRIYA, LLC

Principal Place of Business	Mailing Address
1800 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444 US	1800 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10032007 REIN-LLC CR2E101 (1/07)

4. FEI Number: 20-3582905 ☐ Applied For ☐ Not Applicable

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
VIJAPURA, DHVANIT 1800 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 $50.00 After January 1, 2008, Fee will be $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIJAPURA, DHVANIT 1800 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500011028575 10/05/07--01004--004 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIJAPURA, LEENA 1800 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT
WOP 2007
BLT

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: Leena D. Vijapura 10-02-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #