PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUL 14 AM 10:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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CR2E041 (10/08)

DOCUMENT # I05000093292

1. Limited Liability Company's Name

RAMDAS LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
609 S 3RD STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
FAIRFIELD IA			
Zip	Country	Zip	Country
52556			

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name
BOB MATTHEWS

Street Address (P.O. Box Number is Not Acceptable)
1608 WEST MORRISON AVENUE

Suite, Apt. #, Etc.

City	State	Zip Code
TAMPA	FL	33606

☐ 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 Bob Matthews Date 7/8/09
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
MGR	RON BLAIR	609 S 3RD STREET	FAIRFIELD IA 52556
MGR	MICHAEL R. MCBURNIE	909 N B Street	FAIRFIELD IA 52556
MGR	ALI NAJAFI	5631D KAAPUNI ROAD	KAAPA HI 96746
	REINSTATEMENT		07-09

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 608.408, 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 Ronald S. Ramdas Date 7/9/09 Daytime Phone # 641 472-8608

Typed or printed name of signing Managing Member/Manager

M. Coffman JUL 16 2009