PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 15 AM 9:22

DOCUMENT # L05000108316

400082584084
12/18/06--01006--010 **100.00

1. Limited Liability Company's Name
BOER GOAT LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
3520 PINE TOP DRIVE	3520 PINE TOP DRIVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: VACRICO FL	City & State: VACRICO FL.
Zip: 33594 Country: USA.	Zip: 33594 Country: USA.

4. State/Country of Formation: FLORIDA / USA.

5. Date Organized or Qualified To Do Business in Florida: 11/04/2005

6. FEI Number: 56-2542419 ☐ 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: LACHMAN RAMNARINE

400082584084
12/18/06--01006--011 **50.00

Street Address (P.O. Box Number is Not Acceptable): 3520 PINE TOP DRIVE

Suite, Apt. #, Etc. —

City: VACRICO | State: FL | Zip Code: 33594.

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 12/08/06
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
MGRM	INDARSIT, PARSURAM	18 ASHFORD ST.	BROOKLYN NY 11207
MGRM	INDARSIT, MAHESHWARIE	18 ASHFORD ST.	BROOKLYN NY 11207
MGRM	INDARSIT, BHARAT	18 ASHFORD ST.	BROOKLYN NY 11207.
MGRM	MOTIRAM, PREMANG	135-40 121ST.	S. OZONE PARK NY 11420
	REINSTATEMENT 2006		400082584084 12/18/06--01006--012 **5.00

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 12/08/06 Daytime Phone # 718 748 0107

Typed or printed name of signing Managing Member/Manager ~~In~~ PARSURAM INDARSIT.