

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000014879

Entity Name: ADINATH BUSINESS LLC

FILED
Jan 27, 2008
Secretary of State

Current Principal Place of Business:

314 BAINBRIDGE STREET
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

314 BAINBRIDGE STREET
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 20-4268006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GIOIELLO, JOHN L ESQ.
404 JENKS AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

SHAH, ANANDKUMAR J
314 BAINBRIDGE STREET
PANAMA CITY BEACH, FL 32413 US

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.

SIGNATURE: ANANDKUMAR SHAH

01/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAH, ANANDKUMAR
Address: 314 BAINBRIDGE STREET
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGRM () Delete
Name: SHAH, REENA
Address: 314 BAINBRIDGE STREET
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANANDKUMAR SHAH

MGRM

01/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date