PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 DEC -2 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000020929

1. Limited Liability Company's Name

SHIVA ANASSERI HOLDINGS, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
430 S. Dixie Hwy		5801 NW 151 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 212		Suite 307	
City & State		City & State	
Miami, FL		Miami Lakes, Fl	
Zip	Country	Zip	Country
33146	USA	33014	USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 2/24/2006

6. FEI Number: 680625019 ☐ 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: Stuart M. Gold, Esq.

Street Address (P.O. Box Number is Not Acceptable): 5801 NW 151 Street

Suite, Apt. #, Etc.: Suite 307

City: Miami Lakes | State: FL | Zip Code: 33014

E-mail Address:

700214581247
11/22/11--01007--005 **238.7

sgold@swglawyers.com
(To be used for future annual report notices)

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 11/30/11
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
MGMT	ANASSERI, SHIVA	15075 SW 108 Ter	Miami, FL 33196

REINSTATEMENT
2006-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 11/16/11 Daytime Phone # 805-591-1040

Typed or printed name of signing Managing Member/Manager: SHIVA ANASSERI, MGMT

J. SAULSBERRY
EXAMINER

DEC 5 2011