

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT 21 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L06000030898

1. Limited Liability Company's Name

AMERI SOFTEK SOLUTIONS LLC

REINSTATEMENT 07-08  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

10131 W SUNRISE BLVD

Suite, Apt. #, etc.

106

City & State

PLANTATION, FL

Zip

33222

Country

USA

3. Mailing Office Address

1525 SPRING HARBOR DR

Suite, Apt. #, etc.

L

City & State

DELRAY BEACH, FL

Zip

33445

Country

USA

4. State/Country of Formation  
FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida 03/23/2006

6. FEI Number  
51-0570618

☒ 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

KANCHERLA, SREENIVAS R

Street Address (P.O. Box Number is Not Acceptable)

10131 W SUNRISE BLVD

Suite, Apt. #, Etc.

106

City

PLANTATION

State

FL

Zip Code

33322

☒ 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

*R. Sreenivas R.*  
REGISTERED AGENT MUST SIGN

Date 10/16/08

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
CEO	SREENIVASA KANCHERLA	1525 SPRING HARBOR DR	DELRAY BEACH, FL 33445
	L. SELLERS		

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

*R. Sreenivas R.*

Date 10/16/08

Daytime Phone# 954-319-0600

Typed or printed name of signing Managing Member/Manager