

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LC6000033731**

1. Corporation Name

ALANKAR, LLC

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

11724 N. 56TH ST.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33617

Country

HILLS

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
09 DEC -4 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700157311217
12/07/09--01004--001 **141.25
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

09.14.2007

5. FEI Number

204603326

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

ATUL J. SOLANKI

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

11724 N. 56TH STREET

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33617

☒ The 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 reinstatement
fee be waived.

700157311217
06/17/09--01002--003 **300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Atul J. Solanki

REGISTERED AGENT MUST SIGN

Date **06.09.09**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ATUL J. SOLANKI	18213 CYPRESS STAND CIR.	TAMPA, FL - 33647
VP	KAI PANA A. SOLANKI	18213 CYPRESS STAND CIR.	TAMPA, FL - 33647

REINSTATEMENT 2007-09

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Atul J. Solanki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATUL J. SOLANKI 6.9.09

Date

Daytime Phone #

813-985-1300



FLORIDA DEPARTMENT OF STATE
Division of Corporations

272
FILED
09 DEC -4 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 17, 2009

ALANKAR, LLC
11724 N. 56TH ST
TAMPA, FL 33617

SUBJECT: ALANKAR, LLC
Ref. Number: L06000033731

We have received your document for ALANKAR, LLC and your check(s) totaling \$300.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

We need an additional check in the amount of \$116.25

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 309A00020577