

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000041100

1. Entity Name
LORIKA JEWELRY LLC



FILED

07 NOV 19 PM 3:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA



11152007 REIN-LLC CR2E101 (1/07)

Principal Place of Business

6778 NW 4TH ST
MARGATE, FL 33063 US

Mailing Address

6778 NW 4TH ST
MARGATE, FL 33063 US

2. Principal Place of Business - No P.O. Box #

10 Fairway Drive
Suite, Apt. #, etc.
Suite 206
City & State
Deerfield Beach, Fl.

3. Mailing Address

6778 NW 4th St
Suite, Apt. #, etc.

City & State
Margate, Fl.

4. FEI Number
20-4726960

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

Zip
33441

Country
USA

Zip
33063

Country
USA

6. Name and Address of Current Registered Agent

LORIKA, KUMAR S
6778 NW 4TH ST
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kumar S Kumar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LORIKA, KUMAR S
STREET ADDRESS 6778 NW 4TH ST
CITY-ST-ZIP MARGATE, FL 33063

TITLE MGR ☐ Delete
NAME LORIKA, VINDRA
STREET ADDRESS 6778 NW 4TH ST
CITY-ST-ZIP MARGATE, FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000112376330
11/16/07--01026--002 **50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Loraine # Lorika
STREET ADDRESS Lorika, Loraine
CITY-ST-ZIP 6778 NW 4th St
Margate, FL 33063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Kumar Lorika KUMAR LORIKA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/15/07

Date

(954) 609-6081

Daytime Phone #