

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 27 PM 3:51

DOCUMENT # L06000068085

1. Limited Liability Company's Name

THREE BROTHERS OF PANAMA CITY, LLC

CR2E041 (12/07)

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

5711 E. Highway 98

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32404

Country

US

3. Mailing Office Address

5711 E. Highway 98

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32404

Country

US

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified

To Do Business in Florida 07/07/2006

6. FEI Number

90-0353774

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

Bruce P. Anderson

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

200 Grand Boulevard

Suite, Apt. #, Etc.

205 A

City

Destin

State

FL

Zip Code

32550

☒ 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

Bruce P. Anderson
REGISTERED AGENT MUST SIGN

Date 3-24-08

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
MGR	PRAVIN PATEL	5711 E. Highway 98	Panama City, FL 32404
MGR	GANPAT PATEL	5711 E. Highway 98	Panama City, FL 32404
MGR	PRAKISH PATEL	5711 E. Highway 98	Panama City, FL 32404

REINSTATEMENT 2007-08

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

[Signature]

Date 3-24-08 Daytime Phone # 8508714345

Typed or printed name of signing Managing Member/Manager