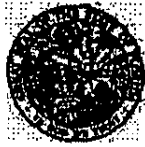


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**10 MAR -8 PM 2:37**

**DOCUMENT #** L07000048067

1. Limited Liability Company's Name

MARUTI IN MONTICELLO, LLC

**300171178443**  
03/04/10--01003--013 \*\*516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 4140 Davis Rd.		3. Mailing Office Address 4140 Davis Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Buford, GA		City & State Buford, GA	
Zip 30518	Country USA	Zip 30518	Country USA

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida May 4, 2007	
6. FEI Number NONE	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name T. Buckingham Bird		
Street Address (P.O. Box Number is Not Acceptable) 165 E. Dogwood Street		
Suite, Apt. #, Etc.		
City Monticello	State FL	Zip Code 32344

☐ 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 \_\_\_\_\_ Date \_\_\_\_\_  
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
MGR	Bradresh Vyas	4140 Davis Rd.	Buford, GA 30513
MGR	Nikhilesh Vyas	4140 Davis Rd.	Buford, GA 30513

**REINSTATEMENT** 2008-10-10

11. E-mail Address: Bhadreshvyas@yahoo.com

12. 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 Bhadresh Vyas Date Feb 25, 2010 Daytime Phone # 904-220-3880  
678-231-5764

Typed or printed name of signing Managing Member/Manager