

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07600059122

1. Limited Liability Company's Name

Shah Investments, LLC

09

FILED STATE
SECRETARY OF CORPORATION
12 APR 10 AM 11:02

CR2E041 (1/11)

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

13927 Shady Shores Dr

Suite, Apt. #, etc.

3. Mailing Office Address

14701 N. Florida Ave

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33613

Country

Hillsborough

Zip

33613

Country

Hillsborough

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6/5/2007

6. FEI Number

26-0297598

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

Shital Mehta

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

13927 Shady Shores Dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33613

E-mail Address:

04/05/12--01025--024 **655.00

400227539704

04/05/12--01025--024 **655.00

diana2003@tampabay.rr.com
(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date

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	Shital Mehta	13927 Shady Shores Dr	Tampa FL 33613

REINSTATEMENT 2009-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

3/27/2012

Daytime Phone #

813 265-2066 ext 22

Typed or printed name of signing Managing Member/Manager