

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000076819

Entity Name: KAIRALI INVESTMENT, LLC

FILED  
Sep 30, 2009  
Secretary of State

**Current Principal Place of Business:**

9759 SAVONA WINDS DR  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

9759 SAVONA WINDS DR  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 26-0599735      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

THOMAS, JOSE C. P. A.  
9710 STIRLING ROAD, SUITE # 101  
COOPER CITY, FL 33024      US

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.

SIGNATURE: JOSE THOMAS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CHACKO, JOSE  
Address: 8594 NW 8TH CT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM      ( ) Delete  
Name: VARGHESE, MATHEW  
Address: 9759 SAVONA WINDS DR  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE CHACKO

MGRM

09/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date