PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

10 SEP 27 AM 8: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *L08000021678*

1. Limited Liability Company's Name

SEVEN HILLS BUSINESS FDS LLC

1001858636311
09/27/10--01002--005 **238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1147 SANDLER RIDGE ROAD Suite, Apt #, etc.	*1147 SANDLER RIDGE RD* Suite, Apt. #, etc.
City & State *Tallahassee*	City & State *EE Tallahassee, FL*
Zip *32317* Country *USA*	Zip *32317* Country *USA*

4. State/Country of Formation *FL*

5. Date Organized or Qualified To Do Business in Florida *2-29-2008*

6. FEI Number *61-1556151* — ☐ 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 *VIJAY ANANDA KAMBHAM*

Street Address (P.O. Box Number is Not Acceptable) *1147 Sandler Ridge Road*
Suite, Apt. #, Etc

City *Tallahassee* | State **FL** | Zip Code *32317*

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 *9/27/10*

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
MGRM	VIJAYANANDA KAMBHAM,	1147 Sandler Ridge Rd	Tallahassee, FL 32317
MGRM	RAVI JANAPATI	"	"
MGRM	RAJ KAMETY	"	"
MGRM	MADHU SUDHANA JANGA	"	"

REINSTATEMENT *2010*

11. E-mail Address: *KVIJAY24@GMAIL.COM*
(To be used for future annual report notifications)

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 _____   Date *9/27/10*   Daytime Phone # *850-539-3282*

Typed or printed name of signing Managing Member/Manager _____