

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 JAN 29 AM 9:21

DOCUMENT

1. Limited Liability Company's Name

L09000018038

CARVIK, LLC

REINSTATEMENT 11-13

CR2E041 (1/11)

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

931 W. UNIVERSITY AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2911 NW 141ST STREET

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32606

Country

USA

Zip

32606

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business In Florida

02/20/2009

6. FEI Number

26-4320715

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

JITENDRAKUMAR PATEL

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

2911 NW 141ST STREET

Suite, Apt. #, Etc.

City

GAINESVILLE,

State

FL

Zip Code

32606

E-mail Address:

800244144118
01/29/13--01019--006 **655.00

FINACCTSVC@GMAIL.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 AgentX *JITENDRA PATEL*

Date 1-20-2013

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
MGRM	JITENDRAKUMAR PATEL	2911 NW 141ST STREET	GAINESVILLE, FL 32606
MGRM	AMEETA PATEL	2911 NW 141ST STREET	GAINESVILLE, FL 32606

JAN 29 2013

D. BUTLER

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/ManagerX *JITENDRA PATEL*

Date 1-20-2013 Daytime Phone # 407-423-2371

Typed or printed name of signing Managing Member/Manager