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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Name of Limited Liability Company		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
GUS PAPATHANASOPOULOS Name of Person		
NEOFAT INDIA, LLC		
2763 PISA DR. #5212		
ORLANDO, FL 32810 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
•		
For further information concerning this matter, please call:		
CJS PAPATHANASOPOULOSIL 407 739-5804 Name of Person Area Code & Daytime Telephone Number		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
S100 Filing Fee S105 Filing Fee & Certificate of Status Certified Copy S100 Filing Fee & Certificate of Status & Certified Copy Certified Copy		

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ARTICLES OF REVOCATION OF DISSOLUTION 11 AUG 17 AM 11: 56 FOR FLORIDA LIMITED LIABILITY COMPANY TALLAHASSEE, FLORIDA

Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

1.	The name of the company is
2.	The document number of the company is
3.	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was FILE ON 8/1/2011.
4.	The revocation of dissolution was authorized in the same manner as the dissolution on $\frac{8/15/2011}{2011}$.
_	tures of the members having the same percentage membership interests sary to approve the revocation of dissolution:
Signa	ture Typed or Printed Name
(i	> Parfathoningpale GUS PAPATHANASOPOULOS
	Filing Fee: \$100.00