

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 SEP 23 14 3 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L10000112194**

1. Limited Liability Company's Name

MAINGATE WORLDWIDE LLC

CR2E041 (1/11)

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

4694 W IBM HWY

Suite, Apt. #, etc.

SUITE 100

City & State

KISSIMMEE, FLORIDA

Zip

34746

Country

OSCEOLA

3. Mailing Office Address

4694 W IBM HWY

Suite, Apt. #, etc.

SUITE 100

City & State

KISSIMMEE, FLORIDA

Zip

34746

Country

OSCEOLA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/27/2010

6. FEI Number

27-3855704

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

LARM INC

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

4694 W IRLO BRONSON MEM HWY

Suite, Apt. #, Etc.

SUITE 200

City

KISSIMMEE

State

FL

Zip Code

34746

E-mail Address:

300251983073
09/23/13--01051--007 **130.00

MAINGATEWORLDWIDE@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 Agent

Date **9/19/2013**

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
DR	AJAY MEHTA	4694 W IBM HWY	KISSIMMEE, FLORIDA, 34746
DR	RICHA MEHTA	4694 W. IBM HWY	KISSIMMEE, FLORIDA, 34746

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 **9/19/2013**

Daytime Phone # **917-215-7187**

Typed or printed name of signing Managing Member/Manager

Ajay Mehta