

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000078089

1. Limited Liability Company's Name

Lucencia, LLC

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

450 W Central Pkwy

Suite, Apt. #, etc.

2000

City & State

Altamonte Springs FL

Zip

32714

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

5/29/13

6. FEI Number

46-2902308

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

Nandkishore Ranadive

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

450 W Central Pkwy

Apt. #, Etc.

2000

City

Altamonte Springs

State

FL

Zip Code

32714

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/2/15

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Nandkishore Ranadive	9213 Bentley Park Circle	Orlando, FL 32819
MGR	KIAN Acquisitions LLC	3275 Tala Loop	Longwood, FL 32779

REINSTATEMENT

NOV 05 2015

R. HUNT

11. E-mail Address:

bfpcosta@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

11/2/15

Daytime Phone #

407-767-8554

Typed or printed name of signing authorized representative/member

Nandkishore Ranadive