PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 JAN 25 PM 7:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA
200388381462
01/25/18--01001--025 **138.75
200388381462
01/25/18--01001--024 **238.75

CR2E041 (12/13)

DOCUMENT # L14000034692

1. Limited Liability Company's Name

VEDA PRIYA LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3011 ROSS CLARK CIR	3011 ROSS CLARK CIR
Suite, Apt #, etc.	Suite, Apt #, etc.
DOTHAN-AL-36301	DOTHAN-AL-36301
Zip: 36301 Country: USA	Zip: 36301 Country: USA

4. State/Country of Formation: FLORIDA-USA

5. Date Organized or Qualified To Do Business in Florida: 02/28/2014

6. FEI Number: ☒ 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: KETAN SHAH

Street Address (P.O. Box Number is Not Acceptable): 7953 HWY 90

Suite, Apt. #, Etc.:

City: Sneads State: FL Zip Code:

E-mail Address: (To be used for future annual report notices)
01/25/18--01001--024 **238.75
RIYLCHY@gmail.com

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: KShah Date: 01/25/2018
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles MBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MBR	SHAH KETAN	2236-FLANDERS LN	PLANO-TX-275025
MGR	JOSHI ALKA	3011 ROSS CLARK CIR	DOTHAN, AL-36301
			JAN 25 2018
			C. CARROTHERS

I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person: KShah Date: 01/25/2018 Daytime Phone #: 6693139431

Typed or printed name of signing Authorized Person: