

**LIMITED LIABILITY
COMPANY
- REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L14000090836**

1. Limited Liability Company's Name

mega 122 LLC

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

700 Columbia Blvd

Suite, Apt. #, etc.

City & State

Titusville, FL

Zip

32780

Country

U.S.A

3. Mailing Office Address

700 Columbia Blvd

Suite, Apt. #, etc.

City & State

Titusville, FL

Zip

32780

Country

U.S.A

8. Name and Address of Current Registered Agent

Name

Dharmisthal Patel

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

371 Meredith Way

Apt. #, Etc.

City

Titusville

State
FL

Zip Code

32780

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **01-18-19**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
owner			
AR	Rajendra K. Patel	371 Meredith Way	Titusville, FL 32780
MGR	Dharmisthal Patel		

11. E-mail Address: **TinaPatel48@hotmail.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

[Signature]

Date **01-17-19**

Daytime Phone # **229-415-0777**

Typed or printed name of signing authorized representative/member

19

FILED

2019 FEB 12 AM 11:20

SECRETARY OF STATE

~~2019 FEB 12 AM 11:20~~
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CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

June 5, 2014

6. FEI Number

47-1020144

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED: ☒