

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000036976

1. Limited Liability Company's Name

DISHA LLC

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

7749 CRICKLEWOOD DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

Zip

Country

32312

Zip

Country

8. Name and Address of Current Registered Agent

Name

NILESH PATEL

Street Address (P.O. Box number is Not acceptable)

7749 CRICKLEWOOD DR

Suite, Apt. #, Etc.

TAL

City

TALLAHASSEE

State

FL

Zip Code

32312

E-mail Address:

luckywil12@yahoo.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 605, F.S.

Signature of
Registered Agent

Date

12/9/16

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

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	NILESH PATEL	7749 CRICKLEWOOD DR	TALLAHASSEE, FL 32312

11. 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

Date

Daytime Phone #

12/9/16

Typed or printed name of signing Authorized Person