

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L94000000530

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 19 AM 9:40

DOCUMENT # L94000000530

1. Limited Liability Company's Name

SARAN, L.C.

9/29/00

2. Principal Office Address

3. Mailing Office Address

8335 Barton Farms Blvd

8335 Barton Farms Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, Fl.

Sarasota, Fl.

Zip

Country

Zip

Country

34230

USA

34240

USA

4. State/Country of Formation

FLA/USA

5. Date Organized or Qualified
To Do Business In Florida

10/3/94

6. FEI Number

650536201

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

NARUNDRA KHUNT

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

1420 Main Street

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34242

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

[Signature]

REGISTERED AGENT MUST SIGN

Date July 18, 2001

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
MCA	NARUNDRA KHUNT	8335 Barton Farms Blvd.	Sarasota, Fl. 34240
			UBR-01 50.00
			UBR-00 50.00
			Rein-0001 100.00
			CUS 5.00
			\$205.00
			nc

REINSTATEMENT

2000-01

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.

Signature of
Managing Member/Manager

[Signature]

Date 7/18/01

Daytime Phone # 941-957-6433

Typed or printed name of signing Managing Member/Manager

NARUNDRA KHUNT

CR2E041 (9/00)