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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L97000000019

Name and Mailing Address

0009472 01 AT 0.292 **AUTO T5 1 0615 33617-720919



SARRK ENTERPRISES, L.C.
319 BRENTWOOD DRIVE
TAMPA FL 33617-7209



2. New Mailing Address 18305 WEYBURN AVE		4. State/Country of Formation FL	
City, State, Zip TAMPA, FL 33647		5. Date Organized or Qualified To Do Business in Florida 01/01/1997	
Principal Place of Business 319 BRENTWOOD DRIVE TAMPA FL 33607	3. New Principal Place of Business Address 1101 CHANNELSIDE DRIVE, #241	6. FEI Number 59-3418215	Applied For <input type="checkbox"/> Not Applicable
City, State, Zip TAMPA, FL 33602		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent PATEL, NILESH M 115 S. WILLOW AVE. TAMPA FL 33606		9. Name and Address of New Registered Agent Name 400024171414 Street Address (P.O. Box) 1072703-01095-002 **150.00 City FL Zip Code	
10. 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 SARJU R. PATEL Date 10-20-03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PATEL, SARJU R	319 BRENTWOOD DR 18305 WEYBURN AVE	TAMPA FL 33607 33647
MGRM	PATEL, ANITA S	319 BRENTWOOD DRIVE 18305 WEYBURN AVE	TAMPA FL 33607 33647
REINSTATEMENT 03 Oct			

12. 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 REQUIRED

Date **10/20/03**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)