

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 28 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L9700000646**

1. Limited Liability Company's Name

**KAHN NOONIEN SINGH MANAGEMENT
L.C.**

2. Principal Office Address

P.O. BOX 19702

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 19702

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

City & State

SARASOTA, FL

Zip Country

34276

City & State

SARASOTA, FL

Zip Country

34276

8. Name and Address of Current Registered Agent

Name

Michael G. Brown ESQ

400003122674-5

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

4115 GREEN TREE AVE.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34233

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

Michael G. Brown

REGISTERED AGENT MUST SIGN

Date

12/1/99

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
PRES	GUSTAVO ODIO	APDO68	SAN JOSE, COSTA RICA 2300

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

Gustavo Odio

Date

12/1/99

Daytime Phone #

506-388-8878

Typed or printed name of signing Managing Member/Manager

GUSTAVO ODIO