

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

01 NOV 19 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L97000001051

1. Limited Liability Company's Name

MILTON HOSPITALITY, LC

2. Principal Office Address

8510 KESHAV TAYLOR DR

Suite, Apt. #, etc.

City & State

MILTON, FL

Zip

32583-8394 SANTA ROSA

3. Mailing Office Address

8510 KESHAV TAYLOR DR

Suite, Apt. #, etc.

City & State

MILTON, FL

Zip

32583-8394 SANTA ROSA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

9/22/1997

6. FEI Number

58-2347793

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

PRAKASH DARJI

300004718173-7

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

8510 KESHAV TAYLOR DR

-12/11/01--01026--010

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

City

MILTON FL

State

FL

Zip Code

32583

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 Prakash Darji

Date 10/26/01

REGISTERED AGENT MUST SIGN

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
LC MANAGER	PRAKASH DARJI	8510 KESHAV TAYLOR DR	MILTON FL 32583

REINSTATEMENT

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

Prakash Darji

Date 10/26/01 Daytime Phone # 850.626-9060

Typed or printed name of signing Managing Member/Manager

PRAKASH DARJI

CR2E041 (9/01)