

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 11:02

DOCUMENT # L97000001249

1. Limited Liability Company's Name

KINGSTHORPE U.K., LLC

2. Principal Office Address

10013 Newington Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32836

Country

USA

3. Mailing Office Address

SAME AS PRINCIPAL OFFICE

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

10/7/97

6. FEI Number

NONE

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

C. TERESA GARRETT, C/O Miller & South, P.A.

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

2699 Lee Road

Suite, Apt. #, Etc.

Suite 120

City

Winter Park

State

FL

Zip Code

32789

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

C. Teresa Garrett

Date

10/20/00

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
MGRM	DAVENDRA J. PATEL	730 West Colonial Drive	Orlando, FL 32804
MGRM	KAMINI D. PATEL	730 West Colonial Drive	Orlando, FL 32804

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

Date

10/20/00

Daytime Phone #

407-422-1987

Typed or printed name of signing Managing Member/Manager

DAVENDRA J. PATEL

CR2E041 (9/99)