

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 -3 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98-1478

1. Limited Liability Company's Name

INDIA INVESTMENT GROUP, L.C.

2. Principal Office Address

301 CRAWFORD BLVD

Suite, Apt. #, etc.

204

City & State

BOCA RATON, FL

Zip

33432

Country

PALM BEACH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

OCT/18/1999

6. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ ☒ ☐

8. Name and Address of Current Registered Agent

Name

MICHAEL RAHTJEN

900003096779--9

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

1515 E. BROWARD BLVD

01/12/00 01094 15

****150.00 ****150.00

Suite, Apt. #, Etc.

306

City

FORT LAUDERDALE

State

FL

Zip Code

33301

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 12/28/99

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
MNG	MICHAEL RAHTJEN	1515 E. BROWARD BLVD	FORT LAUDERDALE, FL 33301

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 12/28/99

Daytime Phone # (561) 347-0963

Typed or printed name of signing Managing Member/Manager