

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

02 DEC -9 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000001037

Name and Mailing Address

0008922 01 FP 0.352 **PRSR HT 0 0615 32055

GAYATRI DEVI, L.L.C.
4500 WEST U.S. HIGHWAY 90
LAKE CITY FL 32055



2. New Mailing Address

3072W U.S. HIGHWAY 90

City, State, Zip

LAKE CITY FL 32055

Principal Place of Business

4500 WEST U.S. HIGHWAY 90
LAKE CITY FL 32055

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/24/1999

6. FEI Number

59-3568328

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

PRAVIN VACHHRAJ MEHTA
4500 WEST U.S. HIGHWAY 90
LAKE CITY FL 32055

9. Name and Address of New Registered Agent

Name

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

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

Pravin V. Mehta, BSEEE
REGISTERED AGENT MUST SIGN

Date 12/06/02

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
MGR	PRAVIN VACHHRAJ MEHTA	4500 WEST U.S. HIGHWAY 90	LAKE CITY FL 32055

300009419453
12/09/02--01073--001 **150.00

REINSTATEMENT

2002

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

Pravin V. Mehta, BSEEE

Date 12/06/02

Daytime Phone # 386-755-5770

Typed or printed name of signing Managing Member/Manager

(MR.) PRAVIN V. MEHTA, BSEEE