

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 23 PM 1:55

DOCUMENT # L 99000003351

1. Limited Liability Company's Name

Shiva Intercontinental, LLC

200133419022
07/23/08--01013--028 **1096.95

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

Casa Honey URB Rio Verde

3. Mailing Office Address

Casa Honey URB Rio Verde

Suite, Apt. #, etc.

Marabella

Suite, Apt. #, etc.

Marabella

City & State

Malaga, Spain

City & State

Malaga, Spain

Zip

29600

Country

Spain

Zip

29600

Country

Spain

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6/10/1999

6. FEI Number

65-0925794

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

Howard W. Mazloff, Esq.

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

9200 South Dadeland Blvd.

Suite, Apt. #, Etc.

Suite 420

City

Miami,

State
FLZip Code
33156
☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date 7/9/08

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	Lotay Tarlochan	Casa Honey URB Rio Verde Marabella	Malaga, Spain 29600
Mgrm	Ali Taefi	Casa Honey URB Rio Verde Marabella	Malaga, Spain 29600

REINSTATEMENT

FF \$1,071.25

02-08

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

X [Signature]

Date 7-07-08 Daytime Phone #

Typed or printed name of signing Managing Member/Manager Lotay Tarlochan