

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000005226

Name and Mailing Address

0001099 01 AT 0.292 **AUTO T6 1 0615 32053-300947



SOMNATH, L.L.C.
2047 HAMILTON AVENUE
JENNINGS FL 32053-3009



2. New Mailing Address

City, State, Zip

Principal Place of Business
2047 HAMILTON AVENUE
JENNINGS FL 32053

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 08/18/1999

6. FEI Number
59-3596080

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

VIRENDRABHAI SOMABHAI PATEL
2047 HAMILTON AVENUE
JENNINGS FL 32063

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

[Signature]

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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
MGRM	VIRENDRABHAI SOMABHAI PATEL	2047 HAMILTON AVENUE	JENNINGS FL 32053

500024218375

10/29/03--01001--002 **50.00

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

SIGNATURE REQUIRED

Date

10.22.03

Daytime Phone #

386 938 3305

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)

29/2

Somnath L.L.C
2047 Hamilton Avenue
Jennings, FL 32053-3009
F.E.I. # 59-3596080

10/22/03

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

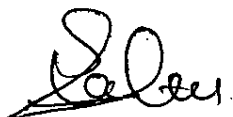
Please note, we did not receive the first notice for the corporation renewal fee, therefore we missed sending it on time.

Attached with this letter is my check # 3761 in the amount of \$50.00

Please accept this as being filed on time.

Thank you for your co-operation

Sincerely,



Virendrabhai Somabhai Patel – Managing Member