

Amended

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

2003
LIMITED LIABILITY
COMPANY
REINSTATEMENT
LBR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT -7 '03 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000003091

1. Limited Liability Company's Name

LAKSHMI LIMITED LIABILITY
COMPANY

2. Principal Office Address

17 CHATEL DR.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Little Rock, AR

City & State

Zip

72223

Country

USA

Zip

Country

4. State/Country of Formation

ARKANSAS USA

5. Date Organized or Qualified

To Do Business in Florida Nov 21 2002

6. FEI Number

91-2141914

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

J. PATRICK ANDERSON

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

930 S. HARBOR CITY BLVD.

Suite, Apt. #, Etc.

Suite 505

City

MELBOURNE

009-450-453-1000-879
009-450-453-1000-879
10/07/03--01045--002

State

FL

Zip Code

32901

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

Patrick Anderson by LBR

REGISTERED AGENT MUST SIGN

Date

10/6/03

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
MGR	BALA GOPALAN NAIR	17 CHATEL DR	LITTLE ROCK AR / 72223
MGR	JAYA NAIR	17 CHATEL DR	LITTLE ROCK AR 72223

600023612226
10/07/03--01045--002 **50.00
600023612226
10/07/03--01045--003 **5.00

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

Jaya Nair

Date

10/6/03

Daytime Phone #

501-868-9383

Typed or printed name of signing Managing Member/Manager

JAYA NAIR

10/6/03
202

FILED

03 OCT -7 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To

FLORIDA DEPARTMENT OF STATE

From JAYA NAIR,
17 CHATEL DR
LITTLE ROCK AR 72223

WE WERE NOT INFORMED OF THE
LAPSE OF THE LLC. SO WE WERE TOLD
BY ONE OF THE REPRESENTATIVES WHOM
WE SPOKE OVER THE PHONE, TO HAVE
\$ 50 SENT. ENCLOSED IS THE CHEQUE

THANK YOU,
Jaya Nair
(JAYA NAIR)