

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#832.50

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000003150

1. Limited Liability Company's Name

Khanna Holdings

FILED
10 MAY -4 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400178922544
04/29/10--01033--016 **832.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>2918 N Pinehills Rd</u>		3. Mailing Office Address <u>2918 N Pinehills Rd</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Orlando FL</u>		City & State <u>Orlando FL</u>	
Zip <u>32808</u>	Country <u>orange</u>	Zip <u>32808</u>	Country <u>orange</u>

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>9-24-03</u>	
6. FEI Number <u>200229506</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Ashok Khanna

Street Address (P.O. Box Number is Not Acceptable)
2918 N Pinehills Rd

Suite, Apt. #, Etc.

City Orlando State FL Zip Code 32808

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 [Signature] Date 4/25/2010

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
MGR	Stacey Khanna	2918 N Pinehills Rd	Orlando FL 32808
MGR	Ashok Khanna	2918 N Pinehills Rd	Orlando FL 32808

REINSTATEMENT
2005-10

S. HAWKES
MAY 07 2010
EXAMINER

11. E-mail Address: StaceyKhanna@gmail.com
(To be used for future annual report notifications)

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] Date 4/25/10 Daytime Phone # 407-443-2108

Typed or printed name of signing Managing Member/Manager _____