PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 DEC 31 AM 8:42

DOCUMENT # M05000006714

1. Limited Liability Company's Name
ORTEL LLC,

REINSTATEMENT 11-10

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6825 Visitor's Cir,	7785 West US Hwy 192
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State: KISSIMMEE, FLORIDA
Zip: 32819 Country: USA	Zip: 32819 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11-26-07

6. FEI Number: 861153407 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED ☐ ($30.00 Additional Fee Required for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name: KEN PATEL

Street Address (P.O. Box Number is Not Acceptable): 7785 West US Hwy 192,

Suite, Apt. # Etc.: KISSIMMEE

City: KISSIMMEE State: FL Zip Code: 34747

E-mail Address: SHANKIRAN@USA.NET
(To be used for future annual report notices)

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: 12-27-2012
REGISTERED AGENT SIGNATURE

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	KIRAN SHAH	16908 Grassy Valley Ct	WILDWOOD MO 63040

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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: _____ Date: 12/27/12 Daytime Phone #: 407-396-1828

Typed or printed name of signing Managing Member/Manager

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D. BUTLER
2012 DEC 31

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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
ORLTEL, LLC

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