

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 10 AM 10:32

DOCUMENT # **M06000002563**

1. Limited Liability Company's Name

**MARIANNA REAL ESTATE
DEVELOPMENTS, LLC**

100145461121
03/10/09--01038--013 **\$16.25

CR2E041 (10/08)

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

3889 HIGHWAY 90 2700 ASHWELL

Suite, Apt. #, etc.

3. Mailing Office Address

LANE

Suite, Apt. #, etc.

City & State

MARIANNA CA

City & State

SAN RAMON CA

Zip

**945
32446**

Country

USA

Zip

94582

Country

USA

4. State/Country of Formation

CALIFORNIA

5. Date Organized or Qualified
To Do Business in Florida

4-28-2006

6. FEI Number

2000535110003

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

SANJIV ANAND

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

7530 IRONBRIDGE CIRCLE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33446

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]
REGISTERED AGENT MUST SIGN

Date **3-5-09**

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
MEMBER	SUNIL DHIR	2700 ASHWELL LANE	SAN RAMON CA 94582

REINSTATEMENT **07-09 SBA**

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

[Signature]

Date

3-6-09

Daytime Phone #

925 577-5764

Typed or printed name of signing Managing Member/Manager