1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUN 11 PM 4:05

DOCUMENT # 556245

1. Corporation Name
MAHARAJA OF INDIA INC

2. Principal Office Address
105 W 23 ST

Suite, Apt. #, etc.
PANAMA CITY

City & State
FL

Zip 32405 Country USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

2001-2002 UBR

4. Date Incorporated or Qualified To Do Business in Florida 12.29.77

5. FEI Number 59-1799072 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name SAMTANI MANU

Street Address (P.O. Box Number is Not Acceptable) 903 ASHWOOD CIRCLE

Suite, Apt. #, Etc. PANAMA CITY

City State FL Zip Code 32405

500005975135--9
-06/25/02--01056-025
****300.00 ****300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [signature] Date 06.11.02

REGISTERED AGENT MUST SIGN

CR2C061 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SAMTANI MANU	903 ASHWOOD CIRCLE	PANAMA CITY FL 32405
			201.25 - AR
			10.00 - ARAKB
			88.75 - ARSupp

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [signature] 06.11.02 8507634224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TO WHO IT MAY CONCERN

I MANU SAMTANI - PRES OF. MAHARAJA OF. INDIA - INC. OF 105 W. 23RD ST PANAMA CITY FL REQUEST TO KINDLY WEIVE THE PENALTY FEE OF FOR THE YEAR 2001 - 2002 (UBR.)

Thank You
Yours Sincerely

N.B. Forms were not filed due to not Receiving the notices - due to Change of address. -