PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RPORATION
INSTATEMENT

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

99-02 UBR

FILED
02 JAN 24 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Corporation Name
PUNJABI SANGH OF FLORIDA, INC

2. Principal Office Address	3. Mailing Office Address
9132 BAYWARD CT	10112 CANDY TREE CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32819 Country:	Zip: 32836 Country:

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 59-3343735 ☐ 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: VINNIE ARORA
Street Address (P.O. Box Number is Not Acceptable): 10112 CANDY TREE CT
Suite, Apt. #, Etc.: LS
City: ORLANDO State: FL Zip Code: 32836

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: _____ Date: 12/8/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
D/P	DR. YASH SACHDEV	3504 TRAVES PL	TITUSVILLE, FL 32780
D/S	MR. RANBIR BHANDARI	9132 BAYWARD CT	ORLANDO, FL 32819
D/T	DEEPAK, KALSI	5537 BAYSIDE DR	ORLANDO, FL 32819

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: _____ RANBIR BHANDARI 12/8/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #