P3 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600030235246
04/19/04--01078--011 **158.75

DOCUMENT # P02000107660

1. Corporation Name
TASNIA, INC

2. Principal Office Address	3. Mailing Office Address
2429 N E 5TH AVE.	2429 N E 5TH. AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH	City & State: POMPANO BEACH
Zip: 33064 Country: BROWARD	Zip: 33064 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida 10/04/2002

5. FEI Number 16-1631893 — 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: HOWLADER AKM. SAJJAD

600030235246
03/10/04--01052--006 **150.00

Street Address (P.O. Box Number is Not Acceptable): 2429 N E 5TH. AVE.

Suite, Apt. #, Etc.

City: POMPANO BEACH | State: FL | Zip Code: 33064

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: AKHowlader Date: 3-8-04
REGISTERED AGENT MUST SIGN

CR2E051 (01/04)

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	HOWLADER, AKM. SAJJAD	3921 CRYSTAL LAKE DRIVE # 213	POMPANO BEACH, FL-33064
D,S	AKHTER, NAZMA	3921 CRYSTAL LAKE DRIVE # 213	POMPANO BEACH, FL-33064
D,V	BHUIYAN, MOHAMMED A	3921 CRYSTAL LAKE DRIVE # 213	POMPANO BEACH, FL-33064

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: AKHowlader (President) 3-8-04 (954-461-0139)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B 282

TASNIA, INC.
2429 N. E 5th. Ave.
Pompano Beach. FL - 33064

To Secretary
State of Florida
Division of Corporation

Ref.Number P02000107660 Date - April 13th,2004
Attention - Justin M Shivers

Sir,

In response to letter dated March 11th. 2004 from your office I have sent and request letter with proper fees have been asked to reinstatement of above named corporation. Please be informed that I have not receive any notice to renew and due to that I was not aware of the fact.

Considering this non-receipt of renewal notice please be kind cooperative to reinstate this Corporation.

A payment of $150.00 dollars has been received by your office on March 10th,04 for the Year of 2003. A separate money order is attached herewith for the year 2004.

Your Cooperation is highly appreciated.

Sincerely Your

Copy attached

A Howlader 4-13-04
Akm S. Howlader, President
Tasnia, Inc.