

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 20 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0400020445

1. Corporation Name

MIND RIDGE, INC.

600141490376
01/20/09--01053--025 **750.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
3147 HAMLIN WAY

3. Mailing Office Address
3147 HAMLIN WAY

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

Zip Country
33414 USA

4. Date Incorporated or Qualified To Do Business in Florida 01/27/2004

5. FEI Number 30-0227161 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
BALAKRISHNAIAH PAKALA
Street Address (P.O. Box Number is Not Acceptable)
3147 HAMLIN WAY
Suite, Apt. #, Etc.
City State Zip Code
WEST PALM BEACH FL 33414

The 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 reinstatement fee be waived.

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 1/14/09
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BALAKRISHNAIAH PAKALA	3147 HAMLIN WAY	WEST PALM BEACH, FL 33414

REINSTATEMENT RH

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 contained in Chapter 119, 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]* 1/14/09 954-336-7294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #