PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPOI REINSTÀ	TEMEN	19-1		9	DEPAR Secretary	y of S			FILED 8 MAR 13 AM II: 01		
DOCUMENT # P05000029248 1. Corporation Name								JEURLIAKY OF STATE TALLAHASSEE, FLORIDA			
TERCET	ΓU.S.A	4., II	NC.								
W08000011299								DEIA	REINSTATEMENT 1/2 - 1/2		
2. Principal Office Address - No P.O. Box # 115 TIMBERLACHEN CIRCLE				3. Mailing Office Address				CR2E081 (12/07)			
Suite, Apt. #, etc. SUITE 1005				Suite, Apt. #, etc.					porated or Qualified		
City.& State				. City. & State				To Do Business in Florida 5. FEI Number Applied For			
Zip	Country		Zip		Count	try	6.	CERTIFICATE OF STATUS DESIDED / \$6.75 Additional Fee regul			
FL - 32746 SEMINOLE 7. Name and Address of Current Registered Agent						 ,		for a Certificate of Status			
Name WAHEEDA I Street Address (F 115 TIMBER Suite, Apt. #, Etc. SUITE 1005 City LAKE MARY	Not Acceptable	State Zip Code FI 32746				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 REGISTERED AGENT MUST SIGN											
9. Names and S	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Titles	Titles Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo				City / State / Zip		
PRES WA	S WAHEEDA BHARWANI				2417 ALAQUA DRIVE				LONGWOOD, FL 32779		
	\$73/1c				70011914023 02/29/0801043006 *						
							<u></u>	70 03/13/	0113140287 08-01081-012 **150.00		
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 eath.											
SIGNATUR		TURE AN	ND T PED OR PE	RINTED MANE OF	SIGNING OF	>	R DIRECTOR	02/	27/08 407-509-9766 Date Daytime Phone #		