


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000080779 1. Entity Name AUNTA INC.	
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FILED
09 FEB 17 PM 12: 21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 7843 NW 111 CT. DORAL, FL 33178 US	Mailing Address 11450 NW 60TH TERR 289 MIAMI, FL 33178 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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REINSTATEMENT *08-09*

4. FEI Number 20-2942129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KUMAR, SUDHIR 7843 NW 111 CT. DORAL, FL 33178	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *x [Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		Delete
TITLE	P KUMAR, SUDHIR	<input type="checkbox"/>
NAME	KUMAR, SUDHIR	
STREET ADDRESS	114050 NW 60TH TERR (289)	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	VP	<input type="checkbox"/>
NAME	KUMARI, MAMTA	
STREET ADDRESS	114050 NW 60TH TERR (289)	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE	P KUMAR, SUDHIR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	KUMAR, SUDHIR		
STREET ADDRESS	7843 NW 111 CT		
CITY-ST-ZIP	DORAL (FL) - 33178		
TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	KUMARI, MAMTA		
STREET ADDRESS	7843 NW 111 CT		
CITY-ST-ZIP	DORAL (FL) - 33178		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x [Signature]* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR