

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 30 PM 2:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P 940000 7245**  
 Corporation Name **FIMC SPECIALITIES GROUP INC.**

Principal Place of Business Mailing Address  
**121 S. STATE RD 7 SAME**  
**PLANTATION FL 33317**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** 09

2. New Principal Office Address, if Applicable <b>SAME</b>		3. New Mailing Office Address, if Applicable <b>11401 SW 25th CT</b> Suite, Apt. #, etc. <b>FT. LAUDERDALE FL</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>10/03/94</b>	
Suite, Apt. #, etc.		City & State <b>DAVE</b>		5. FEI Number <b>65-652-9004</b>	
City & State		Zip <b>33325</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	MURALI P. SHANKAR MD	11401 SW 25th CT	FT. LAUDERDALE FL 33325
SECRETARY	MARILYN LANDRISCINA	10701 NW 6th ST	FT. LAUDERDALE FL 33326
TREASURER	NANDITA SHANKAR MD	11401 SW 25th CT	FT. LAUDERDALE FL 33325

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 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent <b>ROBER DUBOW Esq.</b> <b>915 N. FEDERAL Highway</b> <b>DANIA FL 33004</b>		9. Name and Address of New Registered Agent Name <b>K. BALASUBRAMANIAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>2348 NW 94th Ave.</b> Suite, Apt. #, Etc. City <b>CORAL SPRINGS</b> State <b>FL</b> Zip Code <b>33065</b>	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent *K. Balasubramaniam* REGISTERED AGENT MUST SIGN Date 12-28-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *Juneelishaban* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/28/99 Daytime Phone # (954) 475-1717