PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED FLORIDA DEPARTMENT OF STATE APPLICATION 6 Sandra B. Mortham FOR AND Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 1997 SEP 17 PM 12: 52 DOCUMENT # 12 16000048534 SECRETARY OF STATE TALLAHASSEE, FLORIDA Corporation Name Mailing Address 11112 San Jose Blvd. 4141 Phillips Highway Jax, Fl. 32223 Jax, Fl. 32207 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 6-6-95 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-3349859 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip Dinesh Patel 4141 Phillips Highway Jax, Fl. 32207 4141 Phillips Highway Vijay Patel Jax, Fl. 32207 Bhadresh Motiwala Orange Park, Fl. 32073 2510 Spencer Road #6B REINSTATEM 8. Name and Address of Current Registered Agent Name Dinesh Patel Street Address (P.O. Box Number is Not Acceptable 15.00 \*\*\*\* 15.00 4141 Phillips Highway Jax, F1. 32207 Suite, Apt. #, Etc. State Zip Code 10. | 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 \_\_ 9-15-97 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 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. SIGNING OFFICER OR DIRECTOR 9-4-97 (904) 787-320 0