

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 546586

1. Corporation Name
MIRPURI ENTERPRISES, INC.
1100 S. HAYES ST., M-140
ARLINGTON, VA 22202

07 MAY 29 PM 1:46
STATE
FLORIDA

5/23/07 01021 001 \$1208.75
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1100 S. HAYES ST.,

3. Mailing Office Address
1100 S. HAYES ST.,

Suite, Apt. #, etc.
M-140

Suite, Apt. #, etc.
M-140

City & State
ARLINGTON, VA.

City & State
ARLINGTON, VA

Zip Country
22202 USA

Zip Country
22202 USA

4. Date incorporated or Qualified To Do Business in Florida 1991

5. FBI Number 59-3066673 Applied For NOT Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
LAL DADLANI
Street Address (P.O. Box Number is Not Acceptable)
6320 NW 114 AVE
Suite, Apt. #, Etc.
1228
City
DORAL
State Zip Code
FL 33178

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 sections 607.0625 or 617.0603, F.S.
Signature of Registered Agent *[Signature]* Date 5/25/07
REGISTERED AGENT MUST SIGN

9. Name 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
Pres	BAIJU MIRPURI	1100 S. HAYES ST., M-140	ARLINGTON, VA 22202

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 110, 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]* Date 5/25/07 Daytime Phone # 703414-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINSTATEMENT 2000-2007