PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 16 AM 9:44

DOCUMENT # G69964

1. Corporation Name
HARIKA CONSTRUCTION COMPANY
INCORPORATION

REINSTATEMENT 94-01

2. Principal Office Address	**3.** Mailing Office Address
4101 N. HIATUS Rd	4101 N. HIATUS Rd
Suite, Apt. #, etc. 211	Suite, Apt. #, etc. # 211
City & State SUNRISE, FLORIDA	City & State SUNRISE, FLORIDA
Zip 33351 Country U.S.A	Zip 33351 Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida 10/25/1983

5. FEI Number 650108365 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name MANMOHAN SINGH RANDHAWA

Street Address (P.O. Box Number is Not Acceptable) 4101 N. HIATUS Rd

Suite, Apt. #, Etc. # 211

City SUNRISE State FL Zip Code 33351

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 M.S. Randhawa Date 7/12/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RANDHAWA MANMOHAN S	4101 N. HIATUS Rd #211	SUNRISE, FL. 33351
VD	RANDHAWA HARDEV K	4101 N. HIATUS Rd #211	SUNRISE FL 33351

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 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: M.S. Randhawa 7/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #