

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

03 MAY 22 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 556860

1. Corporation Name

India Investments, Inc.

900020430259
06/04/03--01003--023 **1508.75

REINSTATEMENT 98-03

2. Principal Office Address

800 S. Osprey Ave.

3. Mailing Office Address

800 S. Osprey Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/78

5. FEI Number

59-1795301

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

Robert Canfield

Street Address (P.O. Box Number is Not Acceptable)

800 S. Osprey Ave.

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code
34236

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

Robert Canfield
REGISTERED AGENT MUST SIGN

Date 5/20/03

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
Pres.	Robert Canfield	800 S. Osprey Avenue	Sarasota, FL 34236

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:

Robert Canfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/03 941 366 3601
Date Daytime Phone #

CR2E081 (10/02)