

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 22 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 640045

1. Corporation Name

TOLANI BROTHERS-USA, INC.

2. Principal Office Address - No P.O. Box #

2121 NE BAYSHORE DR

Suite, Apt. #, etc.

SUITE 1209

City & State

MIAMI FL

Zip

33137

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1979

5. FEI Number
59-2113146

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

TOLANI, GOVIND

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

2121 NE BAYSHORE DR

Suite, Apt. #, Etc.

SUITE 1209

City

MIAMI

State

FL

Zip Code

33137



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 section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

G. Tolani

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|--------------------|
| P/D | TOLANI, GOVIND R. | 2121 NE BAYSHORE DR STE 1209 | MIAMI FL 33137 |
| S/D | TOLANI, PUSHPA | 2121 NE BAYSHORE DR STE 1209 | MIAMI FL 33137 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

600130901906
06/05/08--01018--007 **450.00

REINSTATEMENT

RH

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 119, 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:

G. Tolani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-08

Date

Daytime Phone #