

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 JAN 31 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR *as a*
REINSTATEMENT

DOCUMENT # **684754**

1. Corporation Name
THARANI, INC.

Principal Place of Business Mailing Address
**2050 E. IRLO BRONSON MEM. HWY.
KISSIMMEE FL 34744** **2050 E. IRLO BRONSON MEM. HWY.
KISSIMMEE FL 34744**
*2460 State Rd 84
Ft Lauderdale 33312* *same*

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida **08/19/1980**

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. FEI Number **59-2115585** Applied For
Not Applicable

City & State City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED **S875** Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>* S</i>	KING, GEORGIA	4045 S ORANGE BLOSSOM TR <i>2460 SR 84 Ft Lauderdale FL 33312</i>	ORLANDO FL <i>Ft Lauderdale 33312</i>
<i>POF P</i>	KHIMANI, ARIFF HANIF	2050 E. IRLO BRONSON MEMORIAL HWY <i>2460 S.R. 84</i>	KISSIMMEE FL <i>Ft Lauderdale 33312</i>
			300002077293--8 02/14/97--01142--1112 *****583.75 *****583.75

REINSTATEMENT

*as a
1/31/97*

8. Name and Address of Current Registered Agent
**KING, GEORGIA
4045 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32809**

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.
Signature of Registered Agent *Georgia King* Date *1-21-97*
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Georgia King* Date *1/30/97* Daytime Phone # *954-702-4700*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/95)