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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # 854629			
1. Entity Name RADHEY SHAM, INC., N.V.			
*Principal Place of Business WERFSTRAAT 6 CURACAO, NETHERLANDS ANTILLE,		Mailing Address 350 LINCOLN ROAD STE 315 MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 98-0462915		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE STE 125 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Atrium Registered Agents, Inc. SIGNATURE By: Dennis Ginsburg, VP Jan. 26, 2007 <small>Signature typed or printed (if not typed or printed, sign and date if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$900.00		900088713049 02/19/07--01028--010 **150.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVENANT MANAGERS N.V. WERFSTRAAT 6 CURACAO, NETHERLANDS ANTILLE, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASANDANI, BHAGWAN 350 LINCOLN ROAD, STE. 315 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASANDANI, BHAGWAN NANIKRAM 350 Lincoln Road, Ste. 315 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VASANDANI, KAMAL 350 LINCOLN ROAD, STE. 315 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VASANDANI, KAMLA CHETAN 350 Lincoln Road, Ste. 315 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900088713049 02/19/07--01028--011 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Bhagwan Nanikram Vasandani		Jan. 22, 2007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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January 22, 2007

HAND DELIVERED

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

RE: Radhey Sham, Inc. N.V.
Our Client File No. 5310A(a).

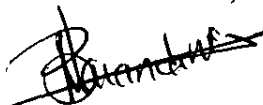
To Whom It May Concern:

Enclosed herewith please find the 2007 Reinstatement application form for the above referenced corporation. Please be advised that the entity did not receive the 2006 annual report notice and therefore, was unable to file the report in time. Please accept the \$300.00 payment for the 2006 and the 2007 annual fees and waive any additional reinstatement fees.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,

RADHEY SHAM, INC. N.V.



BHAGWAN NANIKRAM VASANDANI
President