


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 1:42

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Catherine Harrell
Secretary of State
DIVISION OF CORPORATIONS

2001
WAL

DOCUMENT # F00000000564

1. Corporation Name Novara Comp Services, Inc.

2. Principal Office Address 12230 Forest Hill Blvd. Suite, Apt. #, etc. 206 City & State Wellington, Florida Zip 33414 Country U.S.A		3. Mailing Office Address 4066 Bahia Isle Circle Suite, Apt. #, etc. City & State Lake Worth, Florida Zip 33467 Country U.S.A	
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4. Date Incorporated or Qualified To Do Business in Florida January 27, 2000

5. FEI Number 06-1371755 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 Mr. Suresh Nadgonde

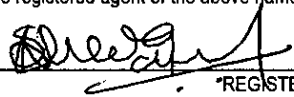
Street Address (P.O. Box Number is Not Acceptable) 15802 Cypress Park Drive

Suite, Apt. #, Etc.

City Wellington State FL Zip Code 33414

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****158.75 ****158.75

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.

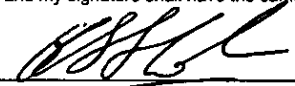
Signature of Registered Agent  Date 10/22/2001

*REGISTERED AGENT MUST SIGN

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.	Miheer Shah	Novara Comp Services, Inc. 1025 Old Country Road	Westbury, New York 11590
V.P.	Sumira Lund	Novara Comp Services, Inc. 1025 Old Country Road	Westbury, NY 11590
Sec.	Sumira Lund	Novara Comp Services, Inc. 1025 Old Country Road	Westbury, NY 11590
Treas.	Sumira Lund	Novara Comp Services, Inc. 1025 Old Country Road	Westbury, NY 11590
			SP

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:  10/22/2001 (516) 780-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



NOVARA Comp Services Inc.

October 22, 2001

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Florida Corporation Reinstatement

Dear Sir/Madam:

As per our telephone conversation with your office of today, this letter shall confirm that Novara Comp Services, Inc. never received notification from the Division of Corporations in reference to filing its Annual Report. Consequently, we respectfully request that you waive all penalty fees for not timely filing same.

Thank you for your consideration.

Yours truly,

Miheer Shah, President
Novara Comp Services, Inc.