

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005297

1. Corporation Name

MISRA GROUP, INC.

Principal Place of Business

1301 SHILOH RD., BLDG 1100
STE 1120
KENNESAW GA 30144

Mailing Address

1301 SHILOH RD., BLDG 1100
STE 1120
KENNESAW GA 30144



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/11/2001	
City & State		City & State		5. FEI Number	
Zip		Zip		58-1885620	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	MISRA, KUMAR	1301 SHILOH RD., BLDG 1100, STE	KENNESAW GA
			900008672509 10/29/02--01113--021 **158.75

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State / Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]*
 MARK H. SCHAEFFER
 ASS. SECRETARY
 NRAI
 Date: 10/25/02
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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: *[Signature]* AKUMAR MISRA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President 10-24-02 7-274-2830
 Date Daytime Phone # 02/11/02

CR2E040 (8/02)

Misra Group, Inc.
1301 Shiloh Road, Building 1100 Suite 1120
Kennesaw, Georgia 30144
Phone (770) 274-2830 Fax (770) 274-2831

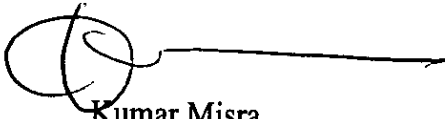
To: Florida Department Of State
Division of Corporations
409 Eat Gaines Street
Tallahassee, Florida 32399

RE: Reinstatement

Dear Sir or Madam,

We received a notice today on October 24, 2002 for an application for reinstatement for my corporation. We did not receive the 1st or the 2nd notice prior to this one. We do not know what cause this for it appears that our address is correct on the form. We are sending the \$150.00 fee for reinstatement and the \$8.75 for a Certificate of Status. If you have any questions please call me at (770) 274-2830.

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'K' followed by a horizontal line extending to the right.

Kumar Misra
President