PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT ISTATEN	DESCRIPTION OF THE PARTY OF THE	Se	ecretar	TMENT OF STATE y of State corporations		03 0	•	ED AH 8: ;	37			
DOCUMENT # F02000005581 1. Corporation Name OVERSEAS DISTRIBUTORS, INC.							SECRETARY OF STATE FALLAHASSEE, FLORIDA						
3212 Suite, Apt. 3 103 B City & State	3		3. Mailing Office Address 11532 EAST HARDY ROAD Suite, Apt. #, etc. City & State HOUSTON, TX			4. Date Incorporated or Qualified To Do Business in Florida 11/04/2003 5. FEI Number Applied For							
Zip				714, 17	Country	6.	81-0563714 Not A 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fe for a Certificate of					ec	
8. I, being	Name JAMES F. JOY Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City TAMPA 1. being appointed the registered agent of the above named corporation, am familiar with and accept the						State Zip Code FL 33613						
Signature of Registered	Agent	Me PRE		Date .	9	13010	3		CR2E081 (10/02)				
9. Names and Street Addresses of Each Officer and/or Director Titles Name of Officers and/or Directors				a nonprof	fit corporations must list at Street Address of Ea Officer and/or Direct	ch	3 directors) City / State / Zip						
PRES.	TARSEM L. MITTAL			207 PARK, DOMINION DR.			HOUSTON, TX 77090						
V.P.	SANJEEV MITTAL			207 PARK, DOMINION DR.			HOUSTON, TX 77090						
SEC.	SANTOSH MITTAL			207 PARK DOMINION DR.			HOUS	TON, T	X 77090				
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: **SIGNATURE** **Off 29 or 617, F.S. I further certify that when filing this reinstatement 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 over 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: **Off 29 or 617, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certif													

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Overseas Distributors, Inc.

11532 East Hardy Rd. Houston, TX 77093

Phone: (281) 219-2190 Fax: (281) 219-0919 Toll: (800) 303-3348

To,

Department of State **Division of Corporations** 409 East Gains St. Tallahassee, FL 32399

Sub: CORPORATION REINSTATEMENT LATE FEE WAIVER.

Dear Sir/ Madam.

We kindly like to request 'department of state' for reinstatement of our corporation, doing business in Tampa, Fl. Please, also be informed that during year 2003, we did not receive any form for filing, from department of state. Therefore, we would request a waiver of late fee (\$600.00).

Enclosed with this letter are:

- 1) Application for Reinstatement
- 2) Letter of Qualification
- 3) Check for \$158.75 payable to 'department of state', includes; \$150.00 application fee and \$8.75 for Certification of Status.

Narsem hie Mittel (Tarsem L. Mittal)

President

Overseas Distributors, Inc.

Document # F02000005581

Branch Offices

7645 Canton Center Drive, Baltimore, MD 21224 Ph. (410) 285-8844, Fax: (410) 282-7078 Toll: (800) 531-3348 3212 N. 40th St. 103 B Tampa, FL 33605 Ph. (813) 663-9876, Fax: (813) 635-9344

Toll: (888) 921-3348

3320 Ambrose Ave. Nashville, TN 37207 (615) 650-5733, (615) 650-5729, (800) 690-5733 (615) 650-5737 (Fax), (800) 690-5737 (Fax)

11532 East Hardy Road, Houston, TX 77093 Ph. (281) 219-2190, Fax: (281) 219-0919 Toll: (800) 303-3348 17256 S. Main St. Carson, CA90248

Ph. (310) 327-5666, Fax: (310) 324-5595 Toll: (800) 301-2211

7001 Grapevine Hwy, Suite# 312, Ft. Worth, TX 76180 (817) 595-9754, (800) 897-9754, (817) 320-9174 (Mobile) (817) 595-9479, (800) 690-5737