

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 19 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000000073

1. Corporation Name

LOTUS LOGIC INC

2. Principal Office Address - No P.O. Box #

414 NW KNIGHTS AVE

Suite, Apt. #, etc.

976

City & State

LAKE CITY, FL

Zip

32055

Country

COLUMBIA

3. Mailing Office Address

55 WASHINGTON STREET

Suite, Apt. #, etc.

517

City & State

EAST ORANGE, NJ

Zip

07017

Country

ESSEX

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/2003

5. FEI Number
30-0091594

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

AMIT TAK

Street Address (P.O. Box Number is Not Acceptable)

414 NW KNIGHTS AVE

Suite, Apt. #, Etc.

976

City

LAKE CITY

State

FL

Zip Code

32055

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 05/13/2009

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
CDP	AMIT TAK	414 NW KNIGHTS AVE, #976	LAKE CITY, FL 32055
			500156175955 05/19/09--01035--008 **1350.00
			500156175955 05/19/09--01035--009 **8.75

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 contained in Chapter 119, 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:

AMIT TAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/2009

Date

973-674-3334

Daytime Phone #

5/19/09