F040000006113

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP TIAW MAIL (Business Entity Name) (Document Number) Certificates of Status Certified Copies ___ Special Instructions to Filing Officer: Woy-35026

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FILED

FLORIDA DEPARTMENT OF STATE 201 25 P 4: 0b

Secretary of State

September 21, 2004

KRISTIAN E. IRR ANTERIOR SOFT PRIVATE LIMITED 1675 NW 4TH AVE. #804 BOCA RATON, FL 33433

SUBJECT: ANTERIOR SOFT PRIVATE LIMITED

Ref. Number: W0400035026

We have received your document for ANTERIOR SOFT PRIVATE LIMITED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 604A00055675

TRANSMITTAL LETTER

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TO:	Registration Section		2014 9CT 25 P 4:05				
	Division of Corporations		La 10,18 p. Word crise				
SUBJ	ECT: Anterior Soft Priva	ale.	Cinited - Fichilly				
~	(Name of corporation - must	include	suffix)				
Dear S	ir or Madam:						
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.							
Please return all correspondence concerning this matter to the following:							
	KRISTIAN E IFE						
	(Name of Person)						
,	Interior Soft Private Lin	ted					
	(Firm/Company)	-					
1675 m 4 he # 804							
(Address)							
	Boca Ratin Fr. 33432						
(City/State and Zip code)							
For further information concerning this matter, please call:							
KI	SISTIAN & IER at (561) 39	15-4	LV9				
(Name of Person) (Area Code & Daytime Telephone Number)							
	STREET ADDRESS:	MAII	ING ADDRESS:				
	Registration Section		ration Section				
	Division of Corporations		on of Corporations				
	409 E. Gaines St.	P.O. E	30x 6327				
	Tallahassee, FL 32399	Tallah	assec, FL 32314				

S70.00 Filing Fee

Enclosed is a check for the following amount:

578.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee.
Certificate of Status &
Certified Copy

FILED

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA 4: 05

	BUSINESS IN FLORIDA	4: 0
	WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA	
(Enter name of co	Teres 25 COYNDAYY **********************************	
(If name unavailal	ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
(State or oduntry u	abort Tudia 3. Inder the law of which it is incorporated) (FEI number, if applicable)	
	13,7001 5. Despetual	
(Date o	of incorporation) (Durstion: Year corp. will cease to exist or "perpetual")	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
1675	(Principal office address)	
	Same	
	(Current mailing address)	
(Purpose(s)	of corporation authorized in home state or country to be carried out in state of Florida) Laddress of Florida registered agent: (P.O. Box NOT acceptable)	t.
Name:	KRISTIAN E ICE	
Office Address:	1675 my 4 Are # 804	
	Bora Raton , Florida 324/37 (City) (Zip code)	
	(City) (Zip code)	
lesignated in this d further agree to co	ent's acceptance: ed as registered agent and to accept service of process for the above stated corporation at the plac application, I hereby accept the appointment as registered agent and agree to act in this capacity imply with the provisions of all statutes relative to the proper and complete performance of my di with and accept the obligations of my position as registered agent.	I
-	(Registereti ageni's signature)	

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS Chairman: lovers # 307 7034 OCT 25 P 4: 06 Hyderadat India Vice Chairman: Hyderabed Irdia Director: Address: Director: _ Address: ___ **B. OFFICERS** Address: _______ Vice President: Abgara Bagun Treasurer: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. KRISTIAN E TRR - Bruiss Paveloper Employes (Typed or printed name and capacity of person signing application)

SECOND CERTIFICATE PURSUANT TO SECTION 610(1)(B) OF THE COMPANIES ACT, 1956 OFFICE OF THE REGISTRAR OF COMPANIES, ANDHRA PRADESH HYDERABAD

COMPANY NUMBER 01-36132 of ... 2001

l be	ereby	certify	that .	M/	S. ANTERI	OR S	OFT P	RIVA	TE LIM	ITED		H H
was	s Inc	orporate:	d under	the	Companies	Act.	1956	on .	13th	day of	JANUARY	* *
	2001.				* * * * * * * * * * * * * * * * * * * *	. And	that	the	COMPA	ny is .	PRIVATE 1	LIMITED

SD/-(K.L.KAMBOJ)
REGISTRAR OF COMPANIES.
ANDHRA PRADESH

GIVEN UNDER MY HAND AT HYDERABAD THIS 27th DAY OF .AUGUST , TWO THOUSAND FOUR.



(P.ATCHUTA RAMAIAH)
ABST.REGISTRAR OF COMPANIES
ANDHRA PRADESH:HYDERABAD

शिक्रं भी