Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
SAVN ADMINISTRATIVE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00

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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2013-2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F11000004587

1. Corporation Name

SAVN Administrative Services, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2625 Tamiami Trail		2625 Tamiami Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#1		#1	
City & State		City & State	
Port Charlotte		FL	
Zip	Country	Zip	Country
33952	USA	33952	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 11/14/2011

5. Fei Number: 45-3558363 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: No — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NATIONAL CORPORATE RESEARCH, LTD., INC.

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive

Suite, Apt. #, Etc.:

City: Tallahassee, State: FL Zip Code: 32301

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: Jean Russell — Date: 1/28/2014

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
President	Neena Kanwar	2625 Tamiami Trail	Port Charlotte, FL 33952

10. E-mail Address: nkanwar@kmhlabs.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Neena Kanwar — Jan. 27, 2014

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

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K. ASHTON