FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS 2024 JUN -4 AM 9:41

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 19000001115

200431059212
06/05/24--01001--008 **695.00

1 Corporation Name

AKILA HOLDINGS INC

2 Principal Office Address — No P.O. Box #	3 Mailing Office Address
1395 BRICKELL AVE	2 DUXBURY COURT
Suite Apt. # etc. STE 900	Suite Apt. # etc.
City & State MIAMI, FL	City & State PRINCETON JUNCTION, NJ
Zip 33131 Country USA	Zip 08550 Country USA

4 Date Incorporated or Qualified To Do Business in Florida 04/10/2000

5 FEI Number 46-0525847 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7 Name and Address of Current Registered Agent

Name PEDRO CORTES

Street Address (P.O. Box Number is Not Acceptable) 1395 BRICKELL AVE

Suite Apt. # Etc. STE 900

City MIAMI State FL Zip Code 33131

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 5/27/2024

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
CP	OESHBIR BHANDARI	2 DUXBURY COURT	PRINCETON JUNCTION, NJ 08550

10 E-mail Address: MDLAINGS@AKILAGROUP.COM
(To be used for future annual report notifications)

11 I certify that I am an officer or director of the reorganized 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 name of the corporation has been reinstated. If a 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 any 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: _____ 05/23/2024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BM 6/4/24