PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 APR 29 PM 3: 08  SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT# F54	722	ALLAMASSEE, PLUMUA
1. Corporation Name		• **
Y SUNILA IN	1C	
		400017276074 04/29/03-01019-038. ***8.75 - <b>BEINICTATE</b> NIENIENI
2. Principal Office Address	3. Mailing Office Address	TENSORIEVE 54-0
1901 Sty 13 St	1901 500 13 ST Suite, Apt. #, etc.	04/29/0301019037 **2100.00
Suite, Apt. #, etc.	Guile, Apr. #, oto.	4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	To Do Business in Florida 12(17)[98] <b>5.</b> -FEI Number   Applied For
Gainesville FL	Gairesuille FL	.59-2611722 Not Applicable
32601 Country	Zip   Country   32601   U.5 A7	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Jay Patel.		
Street Address (P.O. Box Number is Not Acceptable)		
1901 SW 13 Street		
City Gainesville FL 32601		
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 Pagent Office		
REGISTERED AGENT MUST SIGN		
	d/or Director (Florida nonprofit corporations must list at i	
Titles Name of Officers and/or Directors	Street Address of Eac Officer and/or Director	
P.D Jay narayan	Patel 1901 SW 13	Street Gamesville FL32601
S.D Bipin Patel	901 Sw 21 /	V Garnesville fl
VP,D Pratul Patel	19 345 E. St A	ndrews Dr Mismi Lakes FL 33015
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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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daytime Phone #		

gr 4/30