

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 MAR -7 AM 10:20

DOCUMENT # F96000002887

1. Corporation Name

HOUSE OF SPICES (INDIA), INC.

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

127-40 WILLETS POINTS BLVD

Suite, Apt. #, etc.

City & State

FLUSHING, NEW YORK

Zip

11368

Country

3. Mailing Office Address

127-40 WILLETS POINTS BLVD

Suite, Apt. #, etc.

City & State

FLUSHING, NEW YORK

Zip

11368

Country

200310235652
03/07/18--01020--001 **1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
06/30/2003

5. FEI Number

11-2323274

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

SONI, NEIL G.

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

3415 BARTLETT BLVD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32811

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

X

Date _____

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
P/D	SONI, NEIL	127-40 WILLETS POINTS BLVD	FLUSHING, NEW YORK 11368
C/D	GORDHANDAS SONI	127-40 WILLETS POINTS BLVD	FLUSHING, NY 11368
S/D	AMRAPALI SONI	127-40 WILLETS POINTS BLVD	FLUSHING, NEW YORK 11368

10. E-mail Address: ASHWINSHAH@HOUSEOFSPICESINDIA.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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #