## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLARIDADEPARTMENT OF STATE SECRETARY I STATE DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  03 MAY -5 AM 11: 07
DOCUMENT # F 9900004088		
Janak Global Exports, Inc. 5761 NW 112TH AVE, #115 Miami, FL 33178		
2. Principal Office Address SAME Suite, Apt. #, etc.	3. Mailing Office Address  5 North Best Point Suite, Apt. #, etc.	
		4. Date Incorporated or Qualified To Do Business in Florida /-/-02
City & State	Loverness FL Zip Country	FEI Number Applied For Not Applicable
	34450-1452	CERTIFICATE OF STATUS DESIRED (S270 Additional resocrations)
7. Name and Address of Current Registered Agent		
Name Water D. Lundelius, Sr Street Address (P.O. Box Number is Not Acceptable) 5 North Best Point Suite, Apt. #, Etc.		
Inverness		State Zip Code FL 34450
8. 1, 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 AGEN MUST SIGN  Date		
9. Names and Street Addresses of Each Officer at	nd/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Director	Street Address of Eac officer and/or Directo	
PO Anoop S. Sareen 880 Jennie Court NorthBellmore, NY 11710		
DV Sanjiv Sharma 5761 NW112th Avenue#15 Miami, FL 33178		
SD Walter D. Lun	delius, St 5 North Best	Point Inverness, FL 34450
		900018023229 
		05/05/03==01112==012 _**308.75
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 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form of n) 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 #		