## 2008 FOR PROFIT CORPORATION REINSTATEMENT

|  | KEINS I   | A I EIVIEN I                       |   |  | _   |                           |                       |                 |              |
|--|---|------------------------------------|---|--|---|---------------------------|-----------------------|-----------------|--------------|
| . Entity Nam   | MENT # L10319<br>id vishnu, inc.                |                                    |   |  |   | TILED                     |                       |                 |              |
|  |   |                                    |   |  |   | VON 80                    | 10 PH 2               | 2: 43           |              |
| Principal Place  | e of Business                                   | Mailing Address                    |   |  |   |                           |                       |                 |              |
| C/O HAPPY HOLIDAY MOTEL  |   | 1617 N ATLANTICC AVE               |   |  |   | . 1941 l                  | ANT OF S<br>ASSEE, FL | TATE            |              |
| 1617 N. ATLANTIC AVENUE  |   | DAYTONA BEACH, FL 32118 US         |   |  |   | LATE AND                  | SSEE EL               | ORIDA           |              |
| DAYTONA BEACH, FL 32118 US   |   |                                    |   |  |   | 41900 BELOO MIED HELE JOH |                       |                 |              |
| ·  |   |                                    |   |  |   |                           |                       |                 |              |
| 2. Principal Pl  | lace of Business - No P.O. Box #                | 3. Mailing Address                 |   |  |   |                           |                       |                 |              |
| College And Man  |   |                                    |   |  | DEIM  | STATEM                    | ENT                   | . /             | っく           |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                |   |  | 1 42000   | <b>∌\$₩₩₽</b> ₩           | CR2E098               | 3 (1/07)        |              |
| City & State   |   | City & State                       |   |  | 4. FEI Numbe  | \r'                       |                       | ΙΔn             | plied For    |
| Only a State   |   | Oity & State                       |   |  | 59-296  |                           |                       |                 | t Applicable |
| Zip  | Country   | Zip                                | Country   | /  | _ \$8.75  |                           |                       |                 |              |
| 1  |   |                                    | ,   | '  | 5. Certificate                                      | of Status Desired         |                       | Required        |              |
|  | 6. Name and Address of Current Registered Agent |                                    | <u> </u>  | 7. Name and Address of New Registered Agent        |   |                           |                       |                 |              |
| Name   |   |                                    |   |  |   |                           |                       |                 |              |
|  | RSAUD, VEIRMA M.                                | <u> </u>                           | Construction (D.O. Den March of Mat Acceptable) |  |   |                           |                       |                 |              |
| 1617 N. ATLANTIC AVENUE  |   |                                    |   | Street Address (P.O. Box Number is Not Acceptable) |   |                           |                       |                 |              |
| DAYTONA  | BEACH, FL 32118                                 | <u> </u>                           |   |  |   |                           | •                     |                 |              |
|  |   |                                    |   |  |   |                           |                       |                 |              |
|  |   |                                    |   | City   |   |                           | FL                    | Zip Code        | 9            |
| R The above  | named entity submits this statement f           | or the purpose of changing its     | registered                                      | office or register                                 | red agent, or bo                                    | th, in the State of Flo   | orida. I am fam       | iliar with,     | and accept   |
| B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |                                    |   |  |   |                           |                       |                 |              |
|  |   |                                    |   |  |   |                           |                       |                 |              |
| SIGNATURE  |   |                                    |   |  |   |                           |                       |                 |              |
| All and A builder and an indigener offers in the sing is obbusiness. Single in the single administration and indigeneral offers and indigeneral and indigenera |   |                                    |   |  |   |                           |                       |                 |              |
| FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the   |   |                                    |   |  |   |                           |                       |                 |              |
|  | nuary 1, 2009, Fee will be \$300.               | 00                                 |   |  |   | corporation did           |                       |                 |              |
| 1  |   |                                    |   |  |   |                           | 10500 1115 0          |                 | 5 15 4 4 4   |
| 10.  | OFFICERS AND                                    |                                    | 11.   |  | ADDITIONS   | CHANGES TO OFF            |                       |                 |              |
| TITLE  | P Delete IIII                                   |                                    |   |  |   |                           | L                     | ] Change        | Addition     |
| NAME   | HARRIPERSAUD, VISHNU                            |                                    |   | 4000000  |   |                           |                       |                 |              |
| STREET ADDRESS   |   |                                    |   | ADDRESS<br>51- ZIP                                 |   |                           |                       |                 |              |
| CITY-ST-ZIP  | 5/11/5/1/25/5/1/1/2                             |                                    |   | 31-24  | =======================================             | <del>na 187</del> 7       | <del>7801</del>       | <del>. 3.</del> | □ 1443       |
| नगरम   | V Delete IIII Delete IIII NAI                   |                                    |   |  | 30013778014<br>11/10/08-01020-012 **150.00 Addition |                           |                       |                 |              |
| NAME   |   |                                    |   | ADDRESS  |   |                           |                       |                 |              |
| STREET ADDRESS   |   |                                    |   | ST-ZIP   |   |                           |                       |                 |              |
|  |   |                                    |   | <del></del>  |   |                           |                       | Change          | ☐ Addition   |
| TITLE  |   | ☐ Delete                           | TITLE   |  |   |                           | Ĺ.                    | Change          | ☐ Addition   |
| INAME<br>ISTREET ADDRESS   |   |                                    |   | T ADDRESS  |   |                           |                       |                 |              |
| CITY-ST-ZIP  |   |                                    | CITY - S  |  |   |                           |                       |                 |              |
| <del>-i</del>  |   | D Dalata                           | TITLE   |  |   |                           |                       | Change          | Addition     |
| TITLF  |   | Delete                             | NAME  |  |   |                           | L                     | _ onange        | C Addition   |
| STREET ADDRESS   | l   | 1 ×                                |   | T ADDRESS  |   |                           |                       |                 |              |
| CITY-ST-ZIP  | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\          | J10                                | CITY+S  |  |   |                           |                       |                 |              |
| TITLE  | N-4-3   | Delete                             | TITLE   |  |   |                           |                       | Change          | Addition     |
| INAME  | 1   | La boiote                          | NAME  |  |   |                           | _                     | - ,             | _            |
| STREET ADDRESS   |   |                                    | STREET  | T ADDRESS  |   |                           |                       |                 |              |
| CITY-ST-ZIP  |   |                                    | CITY-S  | ST-ZIP   |   |                           |                       |                 |              |
| TITLE  |   | ☐ Delete                           | TOTLE   |  |   |                           |                       | Change          | Addition     |
| INAME  | İ   |                                    | NAME  |  |   |                           |                       |                 |              |
| STREET ADDRESS   |   |                                    | STREET  | T ADDRESS  |   | •                         |                       |                 |              |
| CITY-ST-ZIP  |   |                                    | CITY-S  | ST-ZIP   |   |                           |                       |                 |              |
| 12. I hereby   | certify that the information supplied wi        | th this filing does not qualify fo | or the exen                                     | nptions contained                                  | d in Chapter 11                                     | 9, Florida Statutes.      | I further certify     | that the in     | nformation   |
| indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if   |   |                                    |   |  |   |                           |                       |                 |              |
| changed, or on an attachment with an address, with all other like empowered.   |   |                                    |   |  |   |                           |                       |                 |              |
| SIGNATURE: * VEIRMA HARRIPERSANO   |   |                                    |   |  |   |                           |                       |                 |              |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Davis Davis Phone & Davis Phone &   |   |                                    |   |  |   |                           |                       |                 |              |
| 1  | SIGNATURE AND TYPED OF                          | R PRINTED NAME OF SIGNING OFFICER  | K UK DIRECTO                                    | JR.  |   | Uake                      | Day:                  | * - HOURT I CO. |              |