2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2009
Secretary of State

DOCUMENT# N01000000488

Entity Name: INDIAN-AMERICAN CHAMBER OF COMMERCE INC.

Current Principal Place of Business:

3700 34TH STREET
SUITE 240
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

3700 34TH STREET
SUITE 240
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3697193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DESHPANDE, ANIL
3700 34TH STREET, SUITE 240
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ANIL DESHPANDE
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHAH, SHARAD
Address: 1907 KATIE HILL WAY
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: KAMDAE, NIROO
Address: 3524 LEGACY HILLS CT
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: AGGARWAL, BRAHOM
Address: 9030 SOUTHERN BREEZE DR
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete
Name: DESHPANDE, ANIL
Address: 8839 SOUTHERN BREEZE DR
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANIL DESHPANDE D 10/05/2009
Electronic Signature of Signing Officer or Director — Date