

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 18 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005634

1. Corporation Name

JHANKAR: ROSHAN PRODUCTION INC

2. Principal Office Address

1554 BOREN DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

City & State

OCOE, FL

City & State

Zip

34761

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0464928

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

SHARDA M. SEEGOLAM

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

1554 BOREN DRIVE,

Suite, Apt. #, Etc.

SUITE 100

City

OCOE

State

FL

Zip Code

34761

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

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
PRES	SHARDA M. SEEGOLAM	1554 BOREN DRIVE, SUITE 100	OCOE, FL 34761
VP	SEEGOLAM, NAIPAUL	1554 BOREN DRIVE, SUITE 100	OCOE, FL 34761

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 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:

S. Seegolam

SHARDA M. SEEGOLAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



POWER OF ATTORNEY and Declaration of Representative

DR-835
R.01/00

PART 1 - POWER OF ATTORNEY

1. TAXPAYER INFORMATION (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)	TAXPAYER IDENTIFICATION NO(S). (SSN, FEIN, etc.)	FLORIDA TAX REGISTRATION NUMBER
JHANKAR: ROSHAN PRODUCTIONS INC. 1554 BOREN DRIVE, SUITE 100 OCOEE, FL 34761	59-3619079	N1000005634 01101005100
		DAYTIME TELEPHONE NUMBER (407) 877-6669

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
Thomas Smith Jr. 1554 Boren Drive, Suite 200 Ocoee, FL 34761	(407) 654-2777
	FAX NUMBER (407) 654-2777
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER ()
	FAX NUMBER ()
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER ()
	FAX NUMBER ()

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

3. TAX MATTERS

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S) / PERIOD(S) / MATTER(S)
Corporation	Reinstatement	2003

4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here _____ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: _____

THOMAS SMITH JR.

Enrolled Agent

"The True Tax Professional"



Accredited Tax Advisor (ATA)
Notary Public, Bexar County

Enrolled to Practice, Before
The Internal Revenue Service (EA)

1554 BOREN DRIVE, SUITE 200

OCOE, FL 34761

(407) 654-2777 (VOICE/FAX)

email-tsmithea@aol.com

December 11, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Reference Document # N00000005634

Request waiver of re-instatement fee. JHANKAR: ROSHAN PRODUCTIONS INC., never started business.

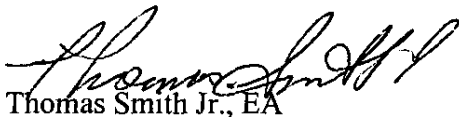
Enclosed are the following documents:

1. Form DR-835 Power of Attorney and Declaration of Representative. If for any reason this POA cannot be honored, please respond directly to the taxpayer.
2. Corporation Reinstatement form.
3. Check in the amount of \$ 158.75

(Note: The Corporation was dissolved on 10/4/2002. The attached check includes the \$150.00 plus \$8.75 for a Certificate of Status).

If this action does not put the corporation in good standing, please advise.

Sincerely,



Thomas Smith Jr., EA