2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
06 FEB 15 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004675

1. Entity Name
KAIRALI ARTS CLUB OF SOUTH FLORIDA INC.

Principal Place of Business	Mailing Address
1073 SEQUOIA LN. WESTON, FL 33327 US NEW Add MARIAMMA CHACKO 4912 N.W. 57 LN	1073 SEQUOIA LANE WESTON, FL 33327 US 4912 N.W. 57 LN CORAL SPRINGS FL-33067
2. Principal Place of Business 4912 NW 57 Lane Suite, Apt. #, etc.	3. Mailing Address 4912 NW 57 Lane Suite, Apt. #, etc.
City & State Coral Springs, FL Zip 33067 Country USA	City & State Coral Springs, FL Zip 33067 Country USA

REINSTATEMENT
02042006 REIN-NP CR2E099 (11/05) 25.00

4. FEI Number
48-1277348
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEORGE, RAJAN
1073 SEQUOIA LANE
WESTON
FL, FL 33327

7. Name and Address of New Registered Agent

Name: MARIAMMA CHACKO
Street Address (P.O. Box Number is Not Acceptable): 4912 N W 57 Lane
City: Coral Springs FL Zip Code: 33067

8. 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.

600066553895
02/24/06--01012--002 **131.25

SIGNATURE: Mariamma Chacko 02-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GEORGE, RAJAN 948 SAVANNAH FALLS DR WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD OF DIRECTOR RAJAN GEORGE 3829 E HIBISCUS ST. WESTON, FL 33332	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PANANGAYIL, ALIAS 2330 NW 139 AVE SUNRISE, FL 33323	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR LIJU M. KOSHY 19450 STONEBROOK ST. WESTON, FL - 33332	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHACKO, MARIAMMA 3833 NW 42ND WAY COCONUT CREEK, FL 33073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRSIDENT MARIAMMA CHACKO 4912 NW 57 Lane Coral Springs FL 33067	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR CHIRAMEL, THOMAS 9651 NW 39TH ST COOPER CITY, FL 33024	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SOLOMON MATHEW 19159 S. HIBISCUS ST. WESTON, FL - 33332	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED CHENNATTU, MATHAI 10456 SW 52 ST COOPER CITY, FL 33328	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THOMAS GEORGE 8423 N.W. 43 CT CORAL SPRINGS, FL - 33065	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mariamma Chacko MARIAMMA CHACKO 02-10-06 954-345-3519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mariamma Chacko
4912 NW 57th Ln.
Coral Springs, FL 33067

E. Mitchell FEB 16 2006