PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 10 AM 8:00

DOCUMENT # N97000006206

1. Corporation Name
KNANAYA CATHOLIC ASSOCIATION OF SOUTH FLORIDA INC

REINSTATEMENT 99-04 MRS

2. Principal Office Address		**3.** Mailing Office Address	
6906 E WEDGEWOOD AVENUE		6906 E WEDGEWOOD AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DAVIE, FLORIDA		City & State: DAVIE, FLORIDA	
Zip: 33331	Country: US	Zip: 33331	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 11/04/1997

5. FEI Number: 650792134 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: BABYCHAN IDICULLA

Street Address (P.O. Box Number is Not Acceptable): 6906 E WEDGEWOOD AVENUE

300035823733
05/10/04--01086--017 **551.25

Suite, Apt. #, Etc.:

City: DAVIE, FLORIDA | State: FL | Zip Code: 33331

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: Babychan Idiculla — Date: 05/05/2004

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
P	BABYCHAN IDICULLA	6906 E WEDGEWOOD AVENUE	DAVIE, FLORIDA 33331
S	LEELAMMA MACHANICKAL	7018 NW 38 TH STREET	CORAL SPRINGS FLORIDA 33065
VP	GRACY PHILIP	4971 SW 88 TERRACE	COOPER CITY FL 33328
Jt.S	SHINY THACHETTU	7774 NW 18 CT	PEMBROKE PINES FL 33024
T	MOLLY MANGATTU	5031 SW 90 TH AVENUE,	COOPER CITY, FLORIDA 33328

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: Babychan Idiculla — 05/05/2004 — (954) 270 7849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #