

FROM :

FAX NO. : 4073390659

Sep. 21 2001 03:56PM

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION				FLORIDA DEPARTMENT OF STATE	
				Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # p00000067492					
1. Corporation Name TANMAI ENTERPRISES, INC					
2. Principal Office Address 170 EAST LAKE BRANTLEY Suite, Apt. #, etc. City & State LONGWOOD FL Zip 32779			3. Mailing Office Address Suite, Apt. #, etc. City & State City & State Zip Country		
4. Date Incorporated or Qualified To Do Business in Florida 07-12-2000					
5. FEI Number 59-3656427				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name PRAHLAD RAI SINGHANIA					
Street Address (P.O. Box Number is Not Acceptable) 170 E LAKE BRANTLEY DR.					
Suite, Apt. #, Etc.					
City LONGWOOD			State FL Zip Code 32779		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0905 or 617.0903, F.S.					
Signature of Registered Agent <u>[Signature]</u> Date 09-21-2001					
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	
DIR	PRAHLAD RAI SINGHANIA	170 E LAKE BRANTLEY DR.		LONGWOOD, FL 32779	
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: <u>[Signature]</u>				09-21-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA800004616478-8
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TANMAI ENTERPRISES, INC.
170 EAST LAKE BRANTLEY
LONGWOOD FL 32779

September 21, 2001

Fl. Dept. of State
Division of Corporation,
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Please be advised that the review of our records indicate that we were not in receipt of the annual corporate renewal form from your office. Upon discussion with your office, and with there suggestion, we enclose the copy of the Corporation Reinstatement form with the check in the amount of \$ 150.00 representing the amounts for the period ending 2001.

Kindly accept our report and waive any penalties associated with such filing. Your uppermost attention to this matter is appreciated.

Sincerely,

Prahlad

Prahlad Rai Singhania, President