

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000095898

1. Entity Name
ASH RANA, INC.



FILED
04 NOV 10 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4590 NE 2ND AVE
MIAMI, FL 33137

Mailing Address

4590 NE 2ND AVE
MIAMI, FL 33137

REINSTATEMENT 04



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10292004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
65-1034010

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANA, ASHISH N
400 WEST 44TH ST
MIAMI BEACH, FL 33140

Name

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

City

FL

Zip Code

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.

SIGNATURE

Ashish N. Rana

(NOTE: Registered Agent signature required when reinstating)

DATE

11/2/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GEORGE, SUPRABHA T
STREET ADDRESS 10407 SAMAGA DR
CITY-ST-ZIP OAKTON, VA 22124

TITLE ☐ Change ☐ Addition
NAME 300042631633
STREET ADDRESS 11/10/04--01025--010 ***150.00
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME GEORGE, GABRIELLE S
STREET ADDRESS 10407 SAMAGA DR
CITY-ST-ZIP OAKTON, VA 22124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME GEORGE, GENE V
STREET ADDRESS 10407 SAMAGA DR
CITY-ST-ZIP OAKTON, VA 22124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:

Gabrielle George VP. GABRIELLE GEORGE

10/29/04

305-572-9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #