


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 17 PM 5:22

**DOCUMENT # P00000112762**

1. Corporation Name

**THE BRITISH RAJ, INC.**

Principal Place of Business

29 BOUGANVILLEA DRIVE  
COCOA BEACH FL 32931

Mailing Address

29 BOUGANVILLEA DRIVE  
COCOA BEACH FL 32931



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>12/08/2000</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3693198</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BUCKLEY, PETER	29 BOUGANVILLEA DRIVE	COCOA BEACH FL 32931
VD	BUCKLEY, JANE	29 BOUGANVILLEA DRIVE	COCOA BEACH FL 32931

500004654475--0  
-10/26/01--01023--023  
\*\*\*\*150.00 \*\*\*\*150.00

10/10/24

8. Name and Address of Current Registered Agent

BUCKLEY, PETER  
29 BOUGANVILLEA DRIVE  
COCOA BEACH FL 32931

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

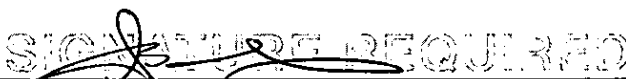
City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

  
REGISTERED AGENT MUST SIGN

Date **10/10/01**

11. 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/10/01 (321)783 7835**  
Daytime Phone #

CR2040 (8/01)

Peter Buckley  
"Buckley's"  
The British Ray Inc.  
29, Bangamvillea Drive  
Cocoa Beach.  
FL 32931.  
(321) 783 7835.

Florida Dept of State.  
Division of Corporations.  
PO BOX. 6327  
Tallahassee  
FL. 32314 - 6327.

Dear Sir or Madam.

Reference the enclosed: I have never recieved  
a notice that would indicate that we  
were about to be revoked.

This is the first time my wife and I  
have opened a business and we  
are still learning our responsibilities

As per our telephone conversation, I  
enclose a cheque for \$150<sup>00</sup> with  
my apologies

Yours Sincerely

  
Peter Buckley - President TBR Inc.