

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 30 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000116425

1. Corporation Name

CHANDAN VIDEO & ENTERTAINMENT, INC

2. Principal Office Address

1137 DOSS AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32809

Country

3. Mailing Office Address

1137 DOSS AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32809

Country

REINSTATEMENT

0304

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/00

5. FEI Number

59-3688825

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

KAUR, SARBJIT

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

12340 ACCIPITER DRIVE

Suite, Apt. #, Etc.

City

ORLANDO, FL 32837

State

FL

Zip Code

32837

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

Sarbjit Kaur

REGISTERED AGENT MUST SIGN

Date 04/26/04

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 |
|--------|--------------------------------------|---|--------------------|
| D | KAUR, SARBJIT | 12340 ACCIPITER DR | ORLANDO, FL 32837 |
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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:

Sarbjit Kaur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/04

Date

Daytime Phone #

CR2E081 (01/04)

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