

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000022401

1. Corporation Name

PARSIEN, INC.

Principal Place of Business

5700 COLLINS AVENUE  
APT. 8A  
MIAMI BEACH FL 33140

Mailing Address

5700 COLLINS AVENUE  
APT. 8A  
MIAMI BEACH FL 33140

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/02/2001

5. FEI Number

65-1083902

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------|
| D             | DESAI, RASHNE                             | 5700 COLLINS AVENUE APT. 8A                            | MIAMI BEACH FL 33140    |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |

8. Name and Address of Current Registered Agent

DESAI, RASHNE  
5700 COLLINS AVENUE  
APT. 8A  
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

SAME

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02

CR2040 (8/02)

**Parsien, Inc.**  
**5700 Collins Ave, APT 8A**  
**Miami Beach, FL 33140**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

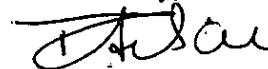
11/01/02

To Whom It May Concern:

Enclosed herein please find our application for reinstatement. This is the only notification that we received letting us know that required to file such a form.

We are enclosing with our application a check for \$150.00. We respectfully request that you wave the reinstatement penalty in that we never received any prior notice from your office.

Sincerely,



Rashne Desai