

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -1 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P01000066995  
Prahalad Enterprises Inc.

**REINSTATEMENT 2003**

600025028666

11/25/03--01038--008 \*\*150.00

WOP

2. Principal Office Address

232 Oakfield Dr.

3. Mailing Office Address

232 Oakfield Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Brandon FL

Zip

33511-5707

Country

Hillsborough

Zip

33511-5707

Country

Hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida

7/2/01

5. FEI Number

593758066

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

Ronald Prahalad

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

1514 Bates Street

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33510

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

Date 11-20-03

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
P--	Ronald Prahalad	1514 Bates Street	Brandon, FL 33510

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:

11-20-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2052


November 20, 2003

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

Re: Prahalad Enterprises Inc.  
Reinstatement Fee Waiver

I would like to request a waiver of the \$600 reinstatement fee. During 2003 we moved our business to a different location and also had a change in address for our personal residence. As such, we did not receive the 2003 annual report and missed the filing deadline. Please find enclosed our check for the \$150 filing fee.

Sincerely,

A handwritten signature in black ink, appearing to be "Ronald Prahalad", with a stylized flourish at the end.

Ronald Prahalad  
President, Prahalad Enterprises Inc.