PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 APR 9 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000070164

1. Corporation Name

BABUL TECHNOLOGIES, INC.

2. Principal Office Address	3. Mailing Office Address
301 North Clematis St	301 North Clematis St
Suite, Apt. #, etc. Suite 3000	Suite, Apt. #, etc. Suite 3000
City & State West Palm Beach, FL	City & State West Palm Beach
Zip 33410 Country US	Zip 33410 Country US

03/28/03 01054 008 900

4. Date Incorporated or Qualified To Do Business in Florida 7/16/01

5. FEI Number 94-3349175 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $ [illegible] required

7. Name and Address of Current Registered Agent

Name: MUKESH MAJITHIA

Street Address (P.O. Box Number is Not Acceptable): 301 North Clematis Street REINSTATEMENT 02-03

Suite, Apt. #, Etc.: Suite 3000

City: West Palm Beach State: FL Zip Code: 33410

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

X Signature of Registered Agent _____ Date 03/11/2003

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MUKESH MAJITHIA	301 North Clematis St.	West Palm Beach FL 33410
CLERK	MUKESH MAJITTHIA	301 North Clematis St	West Palm Beach, FL 33410
TREAS	MUKESH MAJITHIA	301 North Clematis St	West Palm Beach FL 33410
DIRECTOR	MUKESH MAJITHIA	301 North Clematis St	West Palm Beach, FL 33410

10. I certify that I am an officer or director of the reservor or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when this reinstatement application has ceased 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.

X SIGNATURE: _____ 03/11/2003 561-828-8255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #