PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

DOCUMENT # P0/00094548 1. Copposition Name Windington BARD ST INC 2641 NIF 209 W STREET N. NIAMIN BEACH ST 33179 2. Principal office Address 2541 NIF 209 W ST 257 NIAMIN BEACH NIAMIN BEACH ST 257 NIAMIN BEACH NIAMIN BEACH ST 257 NIAMIN BEACH NIAMIN BEACH ST 257 NIAMIN BEACH	CORPOR/ REINSTATE		Secr	PARTMENT OF STATE etary of State of Corporations		20, 200	05 8:00 A.M. of State	
2. Principal Office Address 3. Mailing Office Address 2. Principal Office Address 3. Mailing Office Address 4. Date incorporated or Qualifice 1. Date incorporation or Principal or Pr	1. Corporation Name 2641	M BABA ÎI NF 209 TH S	INC TREET	79				
City & State N M M B A CH N M M B A	2. Principal Office Address 264/ NF 209/K-57 264			NE 209 KS; REINSTAT		STATEN	EMENT D2-03	
City & State N/N/A/N BACH N/M/A/N BACH S. FEI Number Applied For Not Applicable	•				4. Date incorporated or Qualified To Do Business in Florida 9/6/2101			
Country 33179 Country Country Consideration Country Consideration Country Co	-	N BEACH						
7. Name and Address of Current Registered Agent Name VISAY KUMAR KRISHINAK MAR Street Address (P.O. Box Number is Not Acceptable) 26 M/MAR Street Address (P.O. Box Number is Not Acceptable) 27 M/MAR Street Address (P.O. Box Number is Not Acceptable) 28 M/MAR Street Address (P.O. Box Number is Not Acceptable) 29 M/MAR Street Address (P.O. Box Number is Not Acceptable) 20 M/MAR Street Address (P.O. Box Number is Not Acceptable) 20 M/MAR Street Address (P.O. Box Number is Not Acceptable) 33 / 79 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 114 / 2016 125 / 37 / 79 126 / 37 / 47 / 2016 127 / 47 / 2016 128 / 47 / 2016 129 / 47 / 2017 129 / 47 / 2017 120 / 47 / 47 / 47 / 47 / 47 / 47 / 47 / 4	Zip	Country	Zip	Country	6. S8.75 Additional Fee required			
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City MAMI BAR H State City N. MIAMI BAR H REGISTERED AGENT MUST SIGN 9. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officers a	101 a Certificate of Status							
Titles Name of Officers and/or Directors Officer and/or Director Officer and/o	City 8. I, being appointe Signature of	Apt. #, Etc. // /////////////////////////////////	BAACH DOVE named corporation	/ n, am familiar with and accept the		FL 33/		
Officer and/or Director None of the number of the number of the number of individuals listed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	9. Names and Stre	et Addresses of Each Officer a	nd/or Director (Florida	nonprofit corporations must list at	least 3 directors)			
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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Titles			Officer and/or Director		City / State / Zip		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	this reinstateme owed by the co on this applicati	ent application, the reason for di poration have been paid and the on is true and accurate, and my	ssolution has been elim te names of individuals a signature shall have the	inated, the corporate name satisfi listed on this form do not qualify for	es the requirements or an exemption und der oath.	of section 607.0401 o er section 119.07(3)(i),	r 617.0401, F.S., that all fees F.S. The information indicated	
				NG OFFICER OR DIRECTOR		Date	Daytime Phone #	

June 14, 2005

From: Vijayakumar Krishnakumar

12839 NW 18 Ct Pembroke Pines Florida 33028

To: Secretary of State

Division of Corporation Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

Dear Sir /Madam:

Subject: Reinstatement of Corporation Babaji Inc. Document # P01000094548

I learned from my bank yesterday that my corporation is in Inactive status since year 2002. I understand from Division of Corporation officer Mr. T. Scott that the corporation is inactive due to the non-payment and non-filing of annual return UBR. Honestly, I did not know that I have to renew the corporation on or before May 1st of each year after the registration year.

I never received any UBR renewal notice from your department until this day.

My business is a very small convenient store and I cannot afford a high penalty because this non-renewal due to the <u>non-receipt of the annual report due notice</u>. I here by enclose a check for \$ 600.00 towards the 4 years (Year 2002, 2003, 2004 and for the year 2005) UBR fee. In addition, please find the attached completed UBR report.

Since I did not get any notice to renew the corporation I request you to kindly waive the fine at this time and I promise you that I will renew the corporation every year prior to the due date.

Should you have any questions, please call me at (954) 270 7849

Sincerely,

Vijayakumar Krishnakumar

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President **Babaji Inc**

Document # P01000094548