
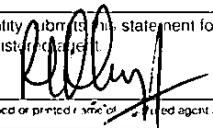


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000015300</b> 1. Entity Name <b>DAKSHIN, INC.</b>						<b>FILED</b> <b>05 OCT 10 PM 3:09</b> SEARCHED INDEXED SERIALIZED FILED FBI - ORLANDO	
Principal Place of Business <b>12541 S.R 535</b> <b>ORLANDO, FL 32836 US</b>				Mailing Address <b>5707 LIBERTY GARDEN CT</b> <b>ORLANDO, FL 32819 US</b>			
2. Principal Place of Business <b>SAME AS ABOVE</b>		3. Mailing Address <b>SAME AS ABOVE</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10052005 REIN-P CR2E098 (6/04)		4. FEI Number <b>01-0624523</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>D'SOUZA, REGINALD L</b> <b>5707 LIBERTY GARDEN CT</b> <b>ORLANDO, FL 32819</b>				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				<b>10-05-05</b> DATE			
Signature typed or printed in block of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST D'SOUZA, REGINALD L 5707 LIBERTY GARDEN CT ORLANDO, FL 32819 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060456851 10/10/05--01074--016 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered							
SIGNATURE: 				<b>10-05-05</b> <b>407-448-</b> Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>3672</b>			