


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P02000038347**


1. Corporation Name  
**JANATA BAZAAR, INC.**

Principal Place of Business      Mailing Address

10261 & 10263 WEST SAMPLE ROAD      10261 & 10263 WEST SAMPLE ROAD  
 CORAL SPRINGS FL 33065      CORAL SPRINGS FL 33065

*JP*

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

**FILED**  
 03 DEC 23 AM 11:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**REINSTATEMENT 2003**  
  
 700025694767  
 12/23/03--01002--011 \*\*750.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	04/02/2002
5. FEI Number	02-05E3108
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Applied For	Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SAREDDY, RAJKUMAR	788 NW 151 AVENUE	PEMBROKE PINES FL 33028
D	GUDBOOR, ANILKUMAR	11134 NW 34 CT.	CORAL SPRINGS, FL 33065

8. Name and Address of Current Registered Agent

SAREDDY, RAJKUMAR  
 10271 W SAMPLE RD  
 CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name: **SAREDDY, RAJKUMAR**  
 Street Address (P.O. Box Number is Not Acceptable): **10261 W. SAMPLE ROAD**  
 Suite, Apt. #, Etc.:  
 City: **CORAL SPRINGS**      State: **FL**      Zip Code: **33065**

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: *Sareddy Rajkumar Reddy*      Date: \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

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: *Sareddy Rajkumar Reddy*      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)