

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

10261 & 10263 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

Mailing Address

10261 & 10263 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/2002

5. FEI Number

02-0563108

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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
REGISTERED AGENT MUST SIGN

Date

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

CR2E040 (7/03)