PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED OH JUL -1 PM	3: 13 : STATE	
DOCUMENT # P02000039518 1. Corporation Name OM TRADERS, INC						SECRETARY OF TALLAHASSEE	EFOUID.	
	HWY 17 LDEN CHAS	E LN		_	EINS"	= 0 32FD 8FB 8	T a1	.
· · · · · · · · · · · · · · · · · · ·			3. Mailing Office Addre	Mailing Office Address 5 WALDEN CHASE LN		03 01034	03-	- 04 1500 A
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.		4. Date Incorp	porated or Qualified iness in Florida 04/11/20		
DELEON SPRINGS FL CO			City & State COLUMBUS GA	OLUMBUS GA 5		5. FEI Number		
Zip Country 32130		31909	1 111 1 1 6.		E OF STATUS DESIRED S	3.75 Additional Fee for a Certificate of S		
7. Name and Address of Current Registered Agent								
		P.O. Box Number is N Y 17	lot Acceptable)	200038845642 07/07/0401072014 **150.00				
.	Suite, Apt. #, Etc). 		العالم المستحين ومن يعالم	ويسج فيسا	ಚಿತ್ರ ಕಾರ್	· · · -	
1	City DELECTION SERVINGS					State Zip Code 32130		·
8. I, being appointed the registered agent of the above named corporation, an familiar with and accept the ob-					bligations of section	on 607.0505 or 617.0503, F	9/04	CR2E081 (01/04
9. Names	and Street Addres			ofit corporations must list at le	ast 3 directors)			\dashv
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
PSTD	HEMA DHRUV		925 W	925 WALDEN CHASE LN		COLUMBUS, GA 31909		
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this reir owed b on this	nstatement application the corporation he application is true a	ion, the reason for dis ave been paid and the	solution has been eliminated names of individuals listed signature shall have the sam	to execute this application as p.d., the corporate name satisfies on this form do not qualify for the legal effect as if made under the legal of the	is the requirements an exemption und or oath.	s of section 607.0401 or 617. der section 119.07(3)(i), F.S.	0401, F.S., that all for The information indic	ees cated
SIGNAT		URE AND TYPED OR PI	RINTED NAME OF SIGNING OF	FICER OR DIRECTOR	1 PRE	ESIDENT 7060 6	28 4262 sytime Phone #	=

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By Certified Mail

OM TRADERS, INC. 4796 N HWY 17 DELEON SPRINGS, FL 32130

JUNE 10, 2004

Secretary of State Division of Corporation P.O.Box 6327 Tallahassee Fl 32314

Ref:-

Document #P02000039518 EIN:-01-0662123 Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned HEMA DHRUV, President of OM TRADERS, INC. would like to request you to reinstatement & waive the penalty for non-payment of Annual Filing Fees for 2004 on the following grounds.

As discussed with one of your representative by our accountant, DINESH CHOKSHI, please find enclosed herewith the copies of the letter & UBR for the year 2003 received from your office and mailed back to you on the same date faxed by our accountant on 08/18/2003 after completion of the details as per your request. Accordingly, Annual Filing Fees for 2003 was paid as per your letter. Our corporation should not be inactive, as it was paid & filed as per your request.

I never received the Annual Filing Form for 2004 as you considered as an inactive eventhough it was paid & filed for the year 2003. I made a mistake not to file for 2004, due to lack of knowledge and information & unavoidable circmustances. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

I am enclosing herewith the check of \$150.00 being an annaul filing fee for 2004 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information, misunderstanding and undue hardship in this bad economy. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you. Sincerely.

(HEMA DHRUV)

encl: - as above Ck of \$150