PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P 2 0 0 0 0 4 8 3 6 2 1. Corporation Name RHYTHIS HOUSE OF India Inc. 2. Principal Office Address 90 1 W THARPE ST. Suite, Apt. #, etc. 3. Mailing Office Address 90 1 W THARPE ST. Suite, Apt. #, etc. 4. Data Incorporated or Qualified To Do Business in Floridas TCH FL. 32303 Country 3 2 30.3 Country TO Do Business in Floridas TO Do Business in Floridas TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status TO Descriptional For required for a Confidence of Status To Descriptional For required for a Confidence of Status To Descriptional For required for a Confidence of Status To Descriptional For required for a Confidence of Status To Descriptional For required for a Confidence of Status To Descriptional Formation for Confidence of Status To Descriptional Formation for Confidence of Status Titles Officers and/or Director (Fiorida nonprofit corporations must list at Mast 3 directors) Titles Officers and/or Director (Fiorida nonprofit corporations must list at Mast 3 directors) The Confidence of Each Officer and/or Director (Fiorida nonprofit corporations must list at Mast 3 directors) The Confidence of Each Officer and/or Director (Fiorida nonprofit corporations must list at Mast 3 directors) The Confidence of Each Officer and/or Director
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PRES NEHA PATEL 901 WTHARPEST THE FL. 32303
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12/18/04-01002-002 **361.25
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 filling this reinstalement 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
1 A Alatet
SIGNATURE: FOR // VCHI-A PATEL 1//19/2004 264-6809

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DEPT OF STATE
DIV OF CORPORATION

FROM: RHYTHM HOUSE OF India Inc.
901 WTHARPS ST.
TCH FL 32303
DOC # PO2000048362

TO WHOM IT MAY CONCERN

THIS IS ALPESH PATEL PRESIDENT OF KHYTHM HOUSE.

OF INDIA REQUESTING FOR REINSTEAD OF MY CORP.

AND WAVE THE PANALTY, BECAUSE WE NEVER RECEIVED.

REMINDER AT ALL.

SORRY FOR ANY INCONVENIENCE

AL PATEC Anidon -11/18/2004