

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 14 PM 3:23

DOCUMENT # **P02000068074**

1. Corporation Name

VIJAY HOLDING & ENTERPRISE INC

Principal Place of Business

Mailing Address

14180 E COLONIAL DRIVE
ORLANDO FL 32828

614 PAUL STREET
ORLANDO FL 32808

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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
1996 CASCADES COVE DR.

4. Date Incorporated or Qualified To Do Business in Florida

06/19/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

010724283

Applied For

Not Applicable

City & State

City & State
Orlando, FL

Zip

Country

Zip
32820

Country

US

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	APPANA, VIJAY LAXSHMI	614 PAUL STREET	ORLANDO, FL 32808 DELETE
P	MARAJ, RUKMINIE	1996 CASCADES COVE DR.	ORLANDO, FL 32820
VP	APPANA, TEGRASAMMY	1996 CASCADES COVE DR.	ORLANDO, FL 32820
			300021940263 11/21/03-01091-005 **758.75

8. Name and Address of Current Registered Agent

APPANA, VIJAY, LAXSHMI
614 PAUL STREET
ORLANDO FL 32808

9. Name and Address of New Registered Agent

Name
Rukminie MARAJ
Street Address (P.O. Box Number is Not Acceptable)
1996 CASCADES COVE DR.
Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32820

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

SIGNATURE REQUIRED
Rukminie Maraj
REGISTERED AGENT MUST SIGN

Date **11/13/03**

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)(l), 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: **SIGNATURE REQUIRED**
Rukminie Maraj
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/13/03** Daytime Phone # **407-702-7403**

CR2E040 (7/03)