

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -8 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000125610

1. Corporation Name

LUXMI INTERNATIONAL INC.

REINSTATEMENT

03-04

500026408405
01/08/04--01007--006 **308.75

2. Principal Office Address

7210 PIONEER LAKES CIR.

Suite, Apt. #, etc.

3. Mailing Office Address

7210 PIONEER LAKES CIR.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33413

Country

PALM BEACH

Zip

33413

Country

PALM BEACH

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/26/02

5. FEI Number

01-0755242

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SYED SHARFI

Street Address (P.O. Box Number is Not Acceptable)

7210 PIONEER LAKES CIRCLE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33413

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/5/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RATNA MITRA	7210 PIONEER LAKES CIRCLE	WEST PALM BEACH, FL 33413
VP	BIRENDRA SARKAR	7210 PIONEER LAKES CIRCLE	WEST PALM BEACH, FL 33413

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 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:

Ratna Mitra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-02-2004 561-310-1624

Date

Daytime Phone #

CR2E081 (10/02)

LUXMI INTERNATIONAL INC.
7210 PIONEER LAKES CIRCLE
WEST PALM BEACH, FLORIDA 33413
PH / FAX: (561) 649-7742

January 5, 2004

Division of Corporations
Florida Department of State
Tallahassee, Florida

RE: Reinstatement Penalty Waiver for LUXMI INTERNATIONAL INC.
Document # P02000125610

Dear Sir or Madam:

Please accept the attached Reinstatement Application for **LUXMI INTERNATIONAL INC., Document # P02000125610.**

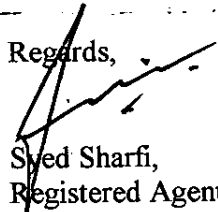
As we did not receive any of the previous notices concerning this matter, we hereby request a waiver of any penalties associated with this filing.

We have enclosed a check for \$308.75: \$150.00 for calendar year 2003, \$150.00 for calendar year 2004 and \$8.75 for a Certificate of Status.

Please send Certificate of Status to us at the address above as soon as possible.

Thank you for your assistance.

Regards,


Syed Sharfi,
Registered Agent