


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000016798		
1. Entity Name CHAUDHARI GROUP INC.		

FILED

05 DEC 20 PM 12: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business US HWY 19 SR 149 PO BOX 1054 MONTICELLO, FL 32344	Mailing Address PO BOX 1054 PO BOX 1054 MONTICELLO, FL 32344
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip	Country	Country
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12202005 REIN-P CR2E098 (6/04)

4. FEI Number 43-1998198	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CHAUDHARI, VIRAM D US HWY 19 SR 149  MONTICELLO, FL 32344	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 * After January 1, 2006, Fee will be \$300.00	<i>R. M. Chaudhary</i>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CHAUDHARI, VIRAM D PO BOX 1054 US 19 SR 149 MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  300062515963 12/30/05--01067--001 **150.00
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**STATEMENT**  
12/20/05

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>R. M. Chaudhary</i>	12/20/2005	Date	Daytime Phone #
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