

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 22 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000018558

1. Corporation Name

TIM DUTTA, INC.

c/o Jawahar Dutta

2. Principal Office Address

c/o Jawahar Dutta

3. Mailing Office Address

Suite, Apt. #, etc.

738 Cypress Green Circle

Suite, Apt. #, etc.

738 Cypress Green Circle

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

Zip

33414

Country

4. Date Incorporated or Qualified

To Do Business in Florida 2/11/03

5. FEI Number

03-050-8781

☒ 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

Jawahar Dutta

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

738 Cypress Green Circle

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

Date

REGISTERED AGENT MUST SIGN

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
D	Jawahar Dutta	738 Cypress Green Circle	Wellington, FL 33414
D	Susan Dutta	738 Cypress Green Circle	Wellington, FL 33414

10. I certify that I am an officer or director or the executor 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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)