


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
05 NOV -9 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000038286

1. Corporation Name

BABA HEALTHCARE INC

2. Principal Office Address

964 S Wickham Rd

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

Suite 1

City & State

W Melbourne FL

City & State

Zip

32904

Country

Zip

Country

CR2E081 (8/05)

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

4/4/03

5. FEI Number

43-2009042

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VENKATACHALAM NAVEEN

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

964 S Wickham

Suite, Apt. #, Etc.

Suite 1

City

W. Melbourne

State

FL

Zip Code

32904

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

V. NAVEEN

Date

11/5/2005

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	VENKATACHALAM NAVEEN	964 S Wickham	W Melbourne FL 32904

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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:

V. NAVEEN

NAVEEN VENKATACHALAM

11/5/2005

321-574-5245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

We request a waiver of the non-filing fee. The