PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 filling 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.	CORPORATION REINSTATEMENT	Secreta	RTMENT OF STATE ry of State corporations	05	NOV -	1LED 9 AM 10: 19		
2. Principal Office Address 9 by 4 S Wick ham R2 Suite, Apt. #, etc. 9 wite Suite, Apt. #, etc. 10 y & State 10 Gentry 10 Gentry 10 Gentry 11 Suite Suite, Apt. #, etc. 11 Suite Suite, Apt. #, etc. 12 Suite Suite, Apt. #, etc. 12 Suite Suite, Apt. #, etc. 13 Suite Suite, Apt. #, etc. 14 Suite Suite, Apt. #, etc. 15 Suite Suite Suite, Apt. #, etc. 16 Suite, Apt. #, etc. 17 Name and Address of Current Registered Apent 18 Suite Suite, Apt. #, etc. 19 Suite S					Allas	SEE, FLORIDA		
Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country To De Business in Fonds Applied For Not Applicable To De Business in Fonds Applied For Not Applicable Not Applicable To De Business in Fonds Applied For Not Applicable To De Business in Fonds Applied For Not Applicable To De Business in Fonds Applied For Not Applicable To De Business in Fonds Applied For Not Applicable To De Business in Fonds To De Business in Fonds To De Business in Fonds Applied For Not Applicable To De Business in Fonds To De Busines	BABA HEA	35471111	- Inc					
Swite City & State City & State / Zip City &	964 S Wickham RZ	7	1	CR2E081 (8/05)				
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7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address of Status State St	Malpourne IIT	<u> </u>						
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt I, Etc. City Melburne 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Pame of Officers and/or Directors Name of Officers and/or Director of Officers and/or Directors Name of Officers and/or Directors		Zip	Country	6. CERTIFICATE	CERTIFICATE OF CTATUS DECIDED TO Additional Fee required			
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	Street Address (P.O. Box Number is No. 12 Suite, Apt. #, Etc. City City Nelbour Ne 8. I, being appointed the registered agent of the above	lot Acceptable) Wick hr	` ``		FL	2300H		
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Name of	Registered Agent Registered Agent				Date	11/5/2005		
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SIGNATURE: NAVEEN VENKATACHALAM 11/5/205 321-574-5245 SIGNATURE: SIGNATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date	this reinstatement application, the reason for dis owed by the corporation have been paid and the on this application is true and accurate, and my SIGNATURE:	solution has been eliminate names of individuals listed signature shall have the sa	ed, the corporate name satisf d on this form do not qualify the legal effect as if made un	fies the requirement or an exemption und	s of section der section	n 607.0401 or 617.0401, F.S., tha 119.07(3)(i), F.S. The information	nt all fees n indicated	