

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 15 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-07

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000068268

1. Corporation Name

PRAMILA ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

1073 Willa Springs Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 1017

Suite, Apt. #, etc.

City & State

Winter Springs, FL

City & State

Zip

32708

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/2003

5. FEI Number

200305056

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

NARAYANA MAMIDI

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

1073 Willa Springs Dr

Suite, Apt. #, Etc.

Suite 1017

City

Winter Springs, FL 32708

State

FL

Zip Code

32708

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

M. Narayan

REGISTERED AGENT MUST SIGN

Date **10-11-2007**

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
PRES	MAMIDI NARAYANA	1073 Willa Springs Dr	Winter Springs, FL 32708
SEC/			
TRES	MAMIDI PRAMEELA	1073 Willa Springs Dr	Winter Springs, FL 32708

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11/16/07--01004--013 **1050.0

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 contained in Chapter 119, 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:

M. Narayan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-11-2007

Daytime Phone #

11/2007