PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DIVISION OF CORPORATIONS

10 JUL -8 PM 1:14

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300183057863

07/08/10 01034 010 **1050

CR2E031 (6/10)

DOCUMENT # P03000068268

1. Corporation Name

PRAMILA ENTERPRISES , INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1073 Willa Springs Dr	P.O.BOX:21323
Suite, Apt #, etc.	Suite, Apt #, etc.
Suit 1017	SHOP NO.28&30,SOUK AL ZAL
City & State	City & State
Winter Springs , Fl	MUBARAKIYA,SAFAT
Zip 32708 — Country U.S.A.	Zip 13074 — Country KUWAIT CITY

4. Date Incorporated or Qualified To Do Business in Florida 06/17/2003

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. Suit 1017

City Winter Springs , Fl — State FL — Zip Code 32708

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: X ______________________ 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
PRES	MAMIDI, NARAYANA	1073 Willa Springs Dr	Winter Springs , FL 32708
SEC/			
TRES	MAMIDI, PRAMILA	1073 Willa Springs Dr	Winter Springs , FL 32708

10. E-mail Address: narayan104@yahoo.com
(To be used for future annual report notification)

11. 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. I further certify, 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: X M. Narayan — 07/01/2010 — 965-9947369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #