

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 17 PM 3:32

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000073921

1. Corporation Name

DEVI USA, INC.

2. Principal Office Address

1282 SW BILTMORE

Suite, Apt. #, etc.

SUITE I

City & State

Port St. Lucie, FL

Zip

34983

Country

USA

3. Mailing Office Address

1282 SW BILTMORE

Suite, Apt. #, etc.

SUITE I

City & State

Port St. Lucie

Zip

34983

Country

USA

REINSTATEMENT

CR2E081 (8/05)

04-05

4. Date Incorporated or Qualified  
To Do Business in Florida

07/03/2003

5. FEI Number

59-3779643

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

NAGARAJA REDDY

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

1282 SW BILTMORE

Suite, Apt. #, Etc.

SUITE I

Port St. Lucie

State

FL

Zip Code

34983

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/16/15

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
PVDST	NAGARAJA REDDY	1282 SW BILTMORE-SUITE I	Port St. Lucie, FL 34983

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/15

Daytime Phone #

11/03/05

TO: FLORIDA DEPARTMENT OF STATE

REF: DEVI USA, INC.  
DOCUMENT # P03000073921

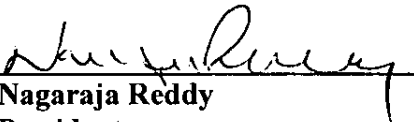
Dear Sir or Madam,

This letter is to request the removal of Reinstatement fee for the above referred company.

Unfortunately, I was not aware that I should file the Uniform Business Report and pay it's fee annually, and I never received the UBR at my address, which differs from the one you have on your record. (Please see copy of attached Bank Statement).

I am sending a check in the amount of US 300.00 for the two years, and would really appreciate, based on the information given above, my request is granted.

Thanks in advance for your help on this matter.

  
Nagaraja Reddy  
President.