

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR 20 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000095960

1. Corporation Name

9141 INVESTMENT, INC.

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

8198 SABAL OAK WAY

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

Zip

32256

Country

U.S.A.

3. Mailing Office Address

8198 SABAL OAK WAY

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

Zip

32256

Country

U.S.A.

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

9/03/2003

5. FEI Number

20-0234940

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

RADHE S. MITTAL

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

8198 SABAL OAK WAY

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32256

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

REGISTERED AGENT MUST SIGN

RADHE S. MITTAL

Date

3/19/2007

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
D	MITTAL, VIBHA R.	8198 SABAL OAK WAY	JACKSONVILLE, FL. 32256
D	KHAN, KHALIL A.	115 N CHAMPIONS WAY #423	ST. AUGUSTINE, FL. 32092
D	ADHYARU, MAHESH A	8232, Sabal Oak Lane	Jacksonville, FL. 32256
D	SHAH, NANDU K.	12209, Cattail Lane	Jacksonville, FL. 32223
			200095806532 04/04/07--01040--019 **508.75

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:

MAHESH A. ADINARU

3-18-07

Date

904-256-2361

Daytime Phone #

jc 3/26