

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (12/05)

05-06

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000022826					
1. Corporation Name M M EXPORTS INC					
2. Principal Office Address 17708.Emerald green pl		3. Mailing Office Address 17708.Emerald green pl			
Suite, Apt. #, etc. 17708.Emerald green pl		Suite, Apt. #, etc. 17708.Emerald green pl			
City & State TAMPA. FLORIDA.		City & State TAMPA. FLORIDA.			
Zip 33647	Country USA	Zip 33647	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 01/26/2004	
				5. FEI Number 56-2432939	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name AAGAMAN INC.					
Street Address (P.O. Box Number is Not Acceptable) 13327.B.THOMASVILLE CIR.					
Suite, Apt. #, Etc. 13327.					
City TAMPA				State FL	Zip Code 33617
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 <u>Chiman Shamma</u> Date <u>11/13/06</u>					
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	
DIRECTOR	Gaurang.k.Dave.	2260.w.Lincoln.Ave.#.U.6.		Anaheim. CA.92801	
DIRECTOR	Jitendra. B.Patel.	204,Brandywine.		Kenneth.Sq.PA.19348	
DIRECTOR	Laxmichand.kalathia	10870.Peninsula ct.		Manassas,VA.20111	
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: <u>Gaurang. K. Dave</u> G. K. Dave					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 11/13/06	Daytime Phone # 813-766-7526