


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000028464</b> 1. Entity Name <b>NALHAMI, INC.</b>						<b>FILED</b> <b>06 APR 21 AM 11:20</b>	
Principal Place of Business <b>4113 LAFAYETTE ST</b> <b>MARIANNA, FL 32448</b>				Mailing Address <b>4113 LAFAYETTE ST</b> <b>MARIANNA, FL 32448</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b> <b>BHAKTA, DILIP</b> <b>4113 LAFAYETTE ST</b> <b>MARIANNA, FL 32448</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>				4. FEI Number <b>81-0644547</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D <input type="checkbox"/> Delete <b>BHAKTA, DILIP</b> <b>4113 LAFAYETTE ST</b> <b>MARIANNA, FL 32448</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700074063937</b> <b>05/05/06--01030--023 **300.00</b>			
D <input type="checkbox"/> Delete <b>BHAKTA, MRUDULA</b> <b>4113 LAFAYETTE ST</b> <b>MARIANNA, FL 32448</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TO 4/15/06</b>			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 05-06</b>			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>							
<b>SIGNATURE: J.P. Bhakta</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>04/10/06</b> <b>850-526-3710</b> <small>Date Daytime Phone #</small>			