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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

108

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000044210

1. Entity Name
SHRI BALAJI CORPORATION

REINSTATEMENT 05-06

07202006 REIN-P CR2E095 (11/05)

Principal Place of Business	Mailing Address
1700 W BROWARD BLVD FT LAUDERDALE, FL 33312	1700 W BROWARD BLVD FT LAUDERDALE, FL 33312

2. Principal Place of Business
Suite, Apt #, etc
City & State
Zip / Country

3. Mailing Address
Suite, Apt #, etc
City & State
Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RANKIN, JANE C ESQ
KUBICKI DRAPER, STE 1600
ONE E BROWARD BLVD
FT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE [signature] 7-21-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $600.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUMAR, BRIJESH 1700 W BROWARD BLVD FT LAUDERDALE, FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] 7/20/06 9545575412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2937

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

TCT

CORPORATION REINSTATEMENT

SHRI BALAJI CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00