

FILE No.174 07/21 '06 16:06 ID:CSC TALLAHASSEE

FAX:850.558.1575

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FILED JUL 21 2006 3:29PM 16:17 KUBICKI DRAPER FTL

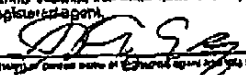
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06 JUL 21 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000044210			
1. Entity Name SHRI BALAJI CORPORATION			
Principal Place of Business 1700 W BROWARD BLVD FT LAUDERDALE, FL 33312		Mailing Address 1700 W BROWARD BLVD FT LAUDERDALE, FL 33312	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt #, etc		Suits, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. Notice and Address of Current Registered Agent RANKIN, JANE C ESQ KUBICKI DRAPER, STE 1600 ONE E BROWARD BLVD FT LAUDERDALE, FL 33301		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
7. 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  7-21-06			
FILE NOW!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D KUMAR, BRIJESH 1700 W BROWARD BLVD FT LAUDERDALE, FL 33312	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 607, Florida Statutes. I further certify that the information indicated on this filing as 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 registered agent 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 as changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		7/20/06 9545575412	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

2072

Florida Department of State
Division of Corporations
Public Access System

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From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : T20000000195
Phone : (850)521-1000
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TKT

CORPORATION REINSTATEMENT

SHRI BALAJI CORPORATION

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