

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000068825

1. Entity Name
CHARANIA ENTERPRISES, INC.



FILED

06 OCT 10 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
TALLAHASSEE MALL
2415 N MONROE #T 16
TALLAHASSEE, FL 32301

Mailing Address
TALLAHASSEE MALL
2415 N MONROE #T 16
TALLAHASSEE, FL 32301

GOLD CENTER.

2. Principal Place of Business

3. Mailing Address

1500 APALACHEE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

GOV. SQ. MALL.

City & State

City & State

Tallahassee, FL

Zip

Country

32301

Country

USA

10102006 REINSTATEMENT 2006 WOT

4. FEI Number

04-6361965

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WADHWANNIA, IRSHAD
2000 NORTH MERIDIAN ROAD, #193
TALLAHASSEE, FL 32303

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 of Wadhwannia, Irshad

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-10-06

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME CHARANIA, SALIM
STREET ADDRESS 2415 N MONROE #T 16
CITY-ST-ZIP TALLAHASSEE, FL 32301

☐ Delete

TITLE D
NAME WADHWANNIA, IRSHAD
STREET ADDRESS 2415 N MONROE #T 16
CITY-ST-ZIP TALLAHASSEE, FL 32301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

300081301343
10/27/06--01053--013 **450.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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 of Wadhwannia, Irshad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-06