2008 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P04000068825 1. Entity Name CHARANIA ENTERPRISES, INC. 08 OCT 16 AM 11: 06 SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address TALLAHASSEE MALL 1500 APALACHEE PKWY. 2415 N MONROE #T 16 GOV. SQUARE MALL - GOLD CENTER TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business - No P.O. Box # 1500 Hace PK Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. 10162008 REIN-P CR2E098 (1/07) 4. FEI Number Applied For City & State City & State allawassee 04-3631965 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WADHWANNIA, IRSHAD GOV. SQ. MALL 1500 APALACHEE PKWY TALLAHASSEE, FL 32301 alanassee 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. calve 10.16.08 SIGNATURE nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2009, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. 1500 Apolachee Parkway Delete Change TITLE TITLE CHARANIA, SALIM NAME Tollahassee, Fl. 32301 NAME STREET ADDRESS STREET ADDRESS 2415 N MONROE #T 16 CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP Change ☐ Addition TITLE 又 Delete WADHWANNIA, IRSHAD NAME 107882-364-779330.00 NAME STREET ADDRESS STREET ADDRESS 2415 N MONROE #T 16 CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CHIY-ST-ZIP ☐ Delete 7 Channe Addition TIFLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.