

2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2005 OCT 19 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10122005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000077302					
1. Entity Name SHIVAS BLIMPIES INC.					
Principal Place of Business 3475 BASKERVILLE ROAD FREMONT, CA 94555			Mailing Address 3475 BASKERVILLE ROAD FREMONT, CA 94555		
2. Principal Place of Business 2951 S Blue Angel Pkwy			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Pensacola, FL 32506			City & State		
Zip 32506		Country Escambia	Zip		Country
4. FEI Number 20-1142794			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent REDDY, VIDYASAGAR 220 GULFBREEZE PKWY GULFBREEZE, FL 32561			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	PD	<input type="checkbox"/> Delete			
NAME	DUVVURU, SULOCHANA				
STREET ADDRESS	3475 BASKERVILLE ROAD				
CITY-ST-ZIP	FREMONT, CA 94555				
TITLE	VPD	<input type="checkbox"/> Delete			
NAME	DEVAPALLI, BHARADWAJ				
STREET ADDRESS	5255 MOWRY AVE #0				
CITY-ST-ZIP	FREMONT, CA 94538				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	REDDY, SHIVA				
STREET ADDRESS	3475 BASKERVILLE ROAD				
CITY-ST-ZIP	FREMONT, CA 94555				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	REDDY, VIDYASAGAR				
STREET ADDRESS	220 GULFBREEZE PKWY				
CITY-ST-ZIP	GULFBREEZE, FL 32561				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	800060777158				
STREET ADDRESS	10/19/05--01049--005 **150.00				
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIDYASAGAR REDDY

Date

Daytime Phone #

10/14/05

10/25/05