2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000080785					\					
1. Entity Name VISHAL FOODS OF MARUTI, INC.					FILE					
S-11111	(Paris	8.8.27	(Charles)			6 MAY -5	PH 2:	53		
Principal Place of Business 8824 HARPERS GLEN CT		Mailing Address 8824 HARPERS GLEN (Mailing Address					-		
IACKSONVILLE, FL 32256		ACKSONVILLE, FL. 32256		TAI	CRETARY (LAHASSEE	, FLCI:	ΓE ΠΔ	3800 L 001		
2. Principal P	Tace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04302006	REIN-P	CR2E0	98 (11/05)		
City & State		City & State			4. FEI Number	1000	3		pplied For ot Applicable	
Zip	Country	Ζip	Zip Country			of Status Desired	П	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	legistered /	lgent		
MAISURIA, NARESH				Name						
8824 HAR	PERS GLEN CT MILLE, FL 32256		Street Addres			(P.O. Box Number is Not Acceptable)				
									 	
				City	····		FL	Zip Cod		
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, typed or critical name of registered agent and title 1 suphicable. (NOTE: Registered Agent alignature registed when relinstating) OATE										
FILE NOWILL FEE IS \$300.00						in accordance corporation did	with s. 607 not receive	.193(2)(b), e the prior	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	IS IN 11	
TITLE	D	☐ Delete	TITLE	: 1	, , , , , , , , , , , , , , , , , , , ,			☐ Change	Addition	
NAME	MAISURIA, NARESH		HAM	· .						
STREET ADDRESS CITY-ST-ZIP	8824 HARPERS GLEN CT JACKSONVILLE, FL 32256			et adoress •st-zip						
TITLE	D	2 Octobe	TITLE					Change	☐ Addition	
NAME	PATEL, KISHOR	, — Q	HAM	Ε			-I .			
STREET ADDRESS City-St-Zip	8824 HARPERS GLEN CT JACKSONVILLE, FL 32266			IT ADDRESS - ST-ZIP		1,	1/154	9		
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HAME			NAM							
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STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	earlife that the information according to	this films does not - att - f-		-ST-ZIP	art in Chamer- 110	Clarida Ctatas (l further	he should sheet	nlowetic-	
12. Thereby 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 in execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter, or on an attachment with an additional properties empowered.										
SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED INDIES OF BICHNICO OFFICER OR DIRECTOR SIGNATURE OF DIES OF SIGNATURE OF DIES OF SIGNATURE OF DIES OF SIGNATURE OF DIES OF SIGNATURE OF DIRECTOR SIGNATURE OF DIES OF SIGNATURE OF DIRECTOR SIGNATURE O										
SIGNATURE-AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Conjume Phone #										