

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000101043

1. Entity Name
VAI GURU INC.



FILED

06 MAR 16 PM 1:12

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
2669 SOUTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34741

Mailing Address
1922 IRLO DR.
KISSIMMEE, FL 34741 US



2. Principal Place of Business
101-6th St. S.W.
Suite, Apt. #, etc.

3. Mailing Address 101-6th St-S.W.
Suite, Apt. #, etc.

City & State
WINTER HAVEN
Zip 33880 Country U.S.A

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WINTER HAVEN
Zip 33880 Country U.S.A

4. FEI Number 20133802243
20-1366875

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUJANANI, HEMA V
2669 S. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name SUJANANI, HEMA V
Street Address (P.O. Box Number is Not Acceptable) 1922 IRLO DR.
RENEE TERRACE
City KISSIMMEE FL Zip Code 34741

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 Hema HEMA SUJANANI President FEB 24-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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 PRECIDENT
NAME Hema SUJANANI
STREET ADDRESS 1922 IRLO DR. RENEE TERRACE
CITY-ST-ZIP KISS. FL 34741

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 200069644622
CITY-ST-ZIP 04/06/06--01051--018 **308.75

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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: Hema HEMA SUJANANI 2.24.06 (863) 2980097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #