

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

06 OCT 10 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P05000112419		1. Entity Name CHARANIA INTERNATIONAL INC.	
Principal Place of Business 2000 N. MERIDIAN RD., STE. 193 TALLAHASSEE, FL 32303		Mailing Address 2000 N. MERIDIAN RD., STE. 193 TALLAHASSEE, FL 32303 <i>GOLD CENTER.</i>	
2. Principal Place of Business		3. Mailing Address <i>1500 ADALACHEE PKW</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>GOV. SQ. MALL</i>	
City & State		City & State <i>Tallahassee, FL</i>	
Zip	Country	Zip	Country
<i>32301</i>	<i>USA</i>	<i>32301</i>	<i>USA</i>
4. FEI Number <i>20-438-5901</i>		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  WADHNANNIA, IRSHAD 2000 N. MERIDIAN RD., STE. 193 TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>[Signature]</i>		DATE <i>10-10-06</i>	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARANIA, SALIM 2000 N. MERIDIAN RD., STE. 252 TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>100061301881</i> <i>10/27/06--01053--013 **450.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i>		Date <i>10-10-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	