## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000146314

CHANG, KONG

3895 LAKE EMMA ROAD, SUITE 101

LAKE MARY, FL 32746 US

Name:

Address: City-St-Zip:

Entity Name: MEMORIES OF INDIA, INC. II

FILED Oct 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3895 LAKE EMMA ROAD SUITE 101 LAKE MARY, FL 32746 **New Mailing Address: Current Mailing Address:** 3895 LAKE EMMA ROAD SUITE 101 LAKE MARY, FL 32746 US FEI Number: 20-3720701 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHILIP, JACKOSWALD 3895 LAKE EMMA ROAD SUITE 101 LAKE MARY, FL 32746 US 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. SIGNATURE: JACKOSWALD PHILIP Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PHILIP, JACKOSWALD Name: Name: 3895 LAKE EMMA ROAD, SUITE 101 Address: Address: City-St-Zip: LAKE MARY, FL 32746 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: MOBARAK HASSAIN, MOHAMMED Name: 3895 LAKE EMMA ROAD, SUITE 101 Address: Address: LAKE MARY, FL 32746 US City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JACKOSWALD PHILIP D 10/12/2009