

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 APR 20 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100151351881

04/21/09 - 01002 - 007 - \$300.00



04202009 REIN-P CR2E098 (1/07)

DOCUMENT # P06000105582			
1. Entity Name LITTLE INDIA, INC			
Principal Place of Business 1350 TENNESSEE STREET D-3 TALLAHASSEE, FL 32308		Mailing Address 1350 TENNESSEE STREET D-3 TALLAHASSEE, FL 32308	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



Signature

6. Name and Address of Current Registered Agent RICHBOURG, DONALD C JR 3350 E. RIVERSIDE DRIVE FORT MYERS, FL 33916		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Devendra Patel*

Signature, typed or printed name of registered agent and use 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, DEVENDRAKUMAR 1350 E TENNESSEE STREET D-3 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2008-2009

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: *Devendra Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #