. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILE DY SECRETARY OF SEATE DIVISION OF CORPORATIONS		
DOCUMENT # P06000134690									
1. Corporation Name							10 AUG -9 PM 5: 0 D		
Pramavasi, Inc.									
						/			
2. Principal Office Address - No P.O. Box # 3. Mailing Of					Tice Address		-	600184168206 08/09/1001055012 **1050.00	
3509 51st Ave West				SAME			U	•	յ.ՄՍ
Suite, Apt. #, etc.				Suite, Apt. #,	Suite, Apt. #, etc.		4 Posts Server	CR2B081 (6/10)	
Ch. 8 Ch. 8 Ch. 10				City B Const			To Do Bus	porated or Qualified iness in Floride 10/24/2006	
Bradenton, FL				City & State			5. FEI Numb	er Applied For	
Zφ				Ζίρ		Country	20-57692 6.		
34210						CERTIFICAT	E OF STATUS DESIREO		
7. Name and Address of Current Registered Agent									
Madhu Chappidi									
Street Address (P.O. Box Number is Not Acceptable)						1			
3509 51st Ave West Suite Apt # Etc						[
Solo, Apt. 1	₽ , €IC								
City State Zip Code FL 34210									
8. I, being appointed the registered apent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S.									
Signature of Registered Agent CYLVD								Dalo 68/06/2010	
REGISTERED AGENT MUST SIGN									
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 6 directors)									
Titles	Name of Officers and/or Directors					Street Address of Ea Officer and/or Direct	ich tor	City / State / Zip	
Pres	Madhu Chappidi			3509 51st Ave West		Vest	Bradenton, FL 34210		
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						OA.	-10	11	
REINSTATEMENT							1 0 H 1 C		
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10. E-mail Address: dbattucpa@gmail.com (To be used for feture annual report notification)									
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the research of dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all									
fees owed by the corporation have been peid, further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect									
SIGNATURE: CM (8 _ 08/06/28/0									