PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB -4 PM 12:32

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000140189

1. Corporation Name

ABHIRUCHI FOODS

B. 2/4/08
REINSTATEMENT 01-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3924 Paul Mill Rd.	3924 Paul Mill Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ellicott City MD	City & State: ELLICOTT CITY MD
Zip: 21042 Country:	Zip: 21042 Country:

4. Date Incorporated or Qualified To Do Business in Florida: NOV 07, 2006

5. FEI Number: 208552275 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional for Certified Copy or Certificate of Status

7. Name and Address of Current Registered Agent

Name: SRIDHAR SANNALA

Street Address (P.O. Box Number is Not Acceptable): 8433 SOUTHSIDE BLVD.

Suite, Apt. #, Etc.: #901

City: JACKSONVILLE State: FL Zip Code: 32256

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent 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 _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BHAGYALAKSHMI EMANI	3924 Paul Mill Rd.	Ellicott City MD 21042
VP	SRIDHAR SANNALA	8433 South Side Blvd. #901	Jacksonville FL 32256
Manager	SUDHEER CHAVA	4205 Hacks Cross Rd	Memphis TN 38125
Treas	SIVASANKARA REMANI	#101 3924 Paul Mill Rd	Ellicott City MD 21042

FLORIDA DEPARTMENT OF STATE
02/20/08--01018--001 **300.00

10. 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 reason for 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 paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Bhagyalakshmi Emani Feb 4th 08 4104618065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #