PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	08 NOV -7 AM 9: 07
DOCUMENT #P070000450 1. Corporation Name AKSHAR PURSHOTTAM I		CHETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 2238 S. Byron Butler Pkwy Suite, Apt. #, etc. City & State Perry, FL	3. Mailing Office Address 2238 S. Byron Butler Pkwy Sulte, Apt. #, etc. City & State Perry, FL	100137736181 11/07/0801016001 **158.75 CR2E081 (10/08) 4. Date Incorporated or Qualified To Do Business in Florida 7/16/2007 5. FEI Number Applied For 77-0685861 Not Applied be
Zip Country USA	Zip Country USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name and Address of Name Chintan Patel Street Address (P.O. Box Number is Not Acceptable, 2238 S. Byron Butler Suite, Apt #, Etc. City Perry		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 X Chintan Pale 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 Ear Officer and/or Direct 2238 S. Byron B	or City/State/2p
P/V Chintan Patel	Pkwy. 2238 S. Byron B	Perry, FL 32340
S Jyostna Patel	Pkwy.	Perry, FL 32348
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 filling 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: X Chintan Patel 11-6-08 950-584-4-221		
SIGNATURE: X CONTROL SIGNATURE AND TYPED OR PR	MC Chintan Chinten Chintan Chintan Chintan	Date Daytime Phone #