

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000008705

1. Corporation Name  
RAHDDIM, INC.

FILED  
99 MAR -5 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 8200 NW 102 AVE UNIT # 2 MIAMI, FL 33172  
Mailing Address: 7220 NW 36TH STREET UNIT # 2 MIAMI, FL 33166



2. New Principal Office Address, If Applicable: 2200 NW 102 AVE UNIT 2 MIAMI, FL 33172  
3. New Mailing Office Address, If Applicable: 2200 NW 102 AVE UNIT 2 MIAMI, FL 33172

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: 11/30/1992  
5. FEI Number: 65-0374550  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JAGASIA, HARISH	7220 NW 36TH STREET - 2200 NW 102 AVE, UNIT 2	MIAMI FL 33166 33172
VP	JAGASIA, RENU	7220 NW 36TH STREET 2200 NW 102 AVE, Unit 2	MIAMI FL 33166 33172

8. Name and Address of Current Registered Agent: JAGASIA, HARISH, 7220 NW 36TH STREET, MIAMI FL 33166

9. Name and Address of New Registered Agent: Name: JAGASIA, HARISH, Street Address (P.O. Box Number is Not Acceptable): 2200 NW 102 AVENUE UNIT 2, City: MIAMI, State: FL, Zip Code: 33172

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent: [Signature] Date: 2/6/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JAGASIA, HARISH Date: 2/01/99

CR2E040 (9/98)