PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -1 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000025665

1. Corporation Name (AND) AIRAN & ASSOCIATES, P.A.

REINSTATEMENT 01-04

400029591914
03/01/04--01042--014 **1208.75

2. Principal Office Address		**3.** Mailing Office Address	
1320 S. Dixie Hwy		same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite #PH1275			
City & State		City & State	
CORAL GABLES, FL			
Zip	Country	Zip	Country
33146	U.S.A.		

4. Date Incorporated or Qualified To Do Business in Florida 9/05/1993

5. FEI Number 650263894 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DAMODAR S. AIRAN a/k/a D. S. (DAR) AIRAN

Street Address (P.O. Box Number is Not Acceptable): 1429 Alegriano Ave

Suite, Apt. #, Etc.:

City: CORAL GABLES, FL. State: FL Zip Code: 33146

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 2/18/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PRES.	DAMODAR S. AIRAN	1429 ALEGRIANO AVE	CORAL GABLES FL. 33146

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 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: _____ PRES. 2/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #