DI TAGE DEAD	ALL INOTOLI	OTIONO F		OMB ET			
PLEASE READ APPLICATION OF STATEMENT	FLORIDA DE San e Sec	PARTMENT dra B. Morth cretary of Sa	T OF STATE nam ate	OMPLETI	FILED		
DIVISION OF CONTROL							
1. Corporation Name				98 SEP 16 AM 10: 56			
Apprication Bu	ρ.	SE TAL	CRETARY OF S LAHASSEE, FL	TATE ORIDA			
Principal Place of Business 1812, MI DDLETON WAY WPB, TL 33467. If above addresses are incorrect in any way, line thro	Mailing Address 280, D ALPHARE A A 3	=TTA,		REINS	TATEMEI	vt 97-98	
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 280, DAUENHA			plicable	Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite, Apt. #, etc.			n CT,	5. FEI Number Applied For			
City & State ALPHARETTA, GA ALPHARETTI			, GA	56-1	845938	Not Applica	
30005 Country JJA	13000	Country		6. CERTIFICATE	OF STATUS DESIRED 🔲	\$8.75 Additional Fee requirer a Certificate of Stat	
7. Names and Street Addresses of Each Officer and/o	or Director (Florida no	onprofit corporatio					
Title(s) and/or Directors C 1 2 3 (Do NOT I			er and/or Director Post Office Box N		4	/ State / Zip	
PRESSIDENT RANSAN PATIL ALPHAGE				20305	ALPHARET	•	
					WH 2000		
4 .			 				
				51	-09/18/98	3645 01078012 00****900.00	
8 Name and Address of Current R	Ingent Agent	· -	· · · · · · · · · · · · · · · · · · ·	9 Name and A	dress of New Benister	ed Agent	
8. Name and Address of Current Registered Agent RANSAN PATIL Name RA				9. Name and Address of New Registered Agent NJAN PATIL			
ALPHARLETTA, 18	COURT 12, MIDDI		Street Address (P. 18) 2. Suite, Apt. #, Etc.		Not Acceptable)	4,	
FL 33409. City INEST				T PALM	REACH F	tate Zip Code	
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 Date Date							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. (See other side for information on intangible tax.)							
12. I certify that I am an officer or director or the receives this reinstatement application, the reason for dissolution owed by the corporation have been paid and the nation this application is true and accurate and my sign	ution has been elimina ames of individuals lis	ated, the corporate ted on this form d	e name satisfies the lo not qualify for a	he requirements on exemption unde	f section 607.0401 or 61	7.0401, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING	OFFICER OR DIRE	ECTOR		8/26/a	778-497-0 Daytime Phone #	123