PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 MAY 19 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030348

1. Corporation Name
Bindajit Corp.

Principal Place of Business
5335 NW 190th La.
Miami, Fl. 33055

Mailing Address

600002530458--3
-05/20/98--01093--015
REINSTATEMENT 400.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
5335 NW 190th La
Suite, Apt. #, etc.
City & State
Miami, Fl
Zip 33055 Country U.S.A

3. New Mailing Office Address, If Applicable
Same.
Suite, Apt. #, etc.
City & State
Zip Country

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

5. FEI Number
65-0483844
☐ Applied For
☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Presid	Sitaram Rathore	5335 NW 190 La	Miami, Fl. 33055

8. Name and Address of Current Registered Agent
Sitaram Rathore
5335 NW 190 La
Miami, Fl. 33055

9. Name and Address of New Registered Agent
Name: Sitaram Rathore
Street Address (P.O. Box Number is Not Acceptable): 5335 NW 190 La
Suite, Apt. #, Etc.
City: Miami State: FL Zip Code: 33055

CR2E040 (12/96)

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: Sitaram Rathore SITARAM RATHORE Date: 11-5-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Sitaram Rathore SITARAM RATHORE 11/5/97 305 751-6828.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #