

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 30 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 9400007245
Corporation Name FIMC SPECIALITIES GROUP INC.

Principal Place of Business Mailing Address
121 S. STATE RD 7 SAME
PLANTATION FL 33317

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

2. New Principal Office Address, If Applicable SAME		3. New Mailing Office Address, If Applicable 11401 SW 25th CT Suite, Apt. #, etc. FT. LAUDERDALE FL		4. Date Incorporated or Qualified To Do Business in Florida 10/03/94	
Suite, Apt. #, etc.		City & State DAVE		5. FEI Number 65-652-9004	
City & State		Zip 33325		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

REINSTATEMENT

99

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
PRESIDENT	MURALI P. SHANKAR MD	11401 SW 25th CT	FT. LAUDERDALE FL 33325
SECRETARY	MARILYN LANDRISCINA	10701 NW 6th ST	FT. LAUDERDALE FL 33326
TREASURER	NANDITA SHANKAR MD	11401 SW 25th CT	FT. LAUDERDALE FL 33325

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-01/04/00--01064--022
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ROBER DUBOW Esq.
915 N. FEDERAL Highway
DANIA FL 33004

9. Name and Address of New Registered Agent

Name K. BALASUBRAMANIAM
Street Address (P.O. Box Number is Not Acceptable)
2348 NW 94th Ave.
Suite, Apt. #, Etc.
City CORAL SPRINGS State FL Zip Code 33065

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 K. Balasubramaniam
REGISTERED AGENT MUST SIGN

Date 12-28-99

11. This corporation owes 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: Ramesh Shaha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/28/99 (954) 475-17- Daytime Phone #

K: