

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1997 OCT -6 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010052

1. Corporation Name
AVANI SYSTEMS INC

Principal Place of Business

FLORIDA

Mailing Address

4555 WORTHINGTON Circle
APT # 2
TAMPA, FL 33615
3711 SHAMROCK WEST
APT # 112C
TALLAHASSEE, FL 32308

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2-3-95	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3344765	
Country		Country		Applied For	
		USA		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PD	SUBRAHMANYAM KONDAVEETI	4555 WORTHINGTON Circle APT # 2, TAMPA, FL	TAMPA FL 33615
VD	SUVARNA R KONDAVEETI	4555 WORTHINGTON Circle APT # 2	TAMPA FL 33615
			400002315484--8 -10/08/97--01116--006 ****323.75 ****323.75

REINSTATEMENT

10/1/97

8. Name and Address of Current Registered Agent

THE COMPANY CORPORATION
THREE CHRISTINA CENTRE
201 NORTH WALNUT STREET
WILMINGTON
DELAWARE 19801

9. Name and Address of New Registered Agent

Name: R. G. RAJU
Street Address (P.O. Box Number is Not Acceptable): 8910 N-DALE MARY STE # 38
Suite, Apt. #, Etc.:
City: TAMPA
State: FL
Zip Code: 33614

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]* REGISTERED AGENT MUST SIGN Date: 10/1/97

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: Subrahmanyan Kondaveeti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/1/97
Daytime Phone #: 813-872-5138 (w)
813-885-6047 (R)

CR2E040 (1/2/96)