PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. OH MAR 24 AM 10:09 FLORIDA DEPARTMENT OF STATE SECRETANT UF STATEA TALLAHASSEE, FLORIDA CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 1950000 58778 Little Asia Market, Mc. ATEREMT 98-04 4. Date incorporated or Qualified To Do Business in Florida City & State 5. FEI Number Not Applicable Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 32024 **3333**1 for a Certificate of Status 7. Name and Address of Current Registered Agent RAKESH Street Address (P.O. Box Number Is Not Acceptable) BRIARWOOD Suite, Apt. #, Etc. Zip Code State DAVIS 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 Date 2/18/04 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Dinector Davie 尼.33331 00029817351 03/103/04--01054--014 00029817351 34/04-01019-015 \*\*\* 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 filling 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 stanature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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954-536-223