

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02102009 REIN-P CR2E098 (1/07)

DOCUMENT # P96000026593

1. Entity Name
NARESHWER CORP.



Principal Place of Business Mailing Address
27599 RIVERVIEW CIRCLE BLVD., SUITE 100 27599 RIVERVIEW CIRCLE BLVD., SUITE 100
BONITA SPRINGS, FL 34134-4323 US BONITA SPRINGS, FL 34134-4323 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
410 W. VINE STREET **410 W. VINE STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
KISSIMMEE, FL **KISSIMMEE, FL**

Zip Country Zip Country
34741 **OSCEOLA** **34741** **US**

4. FEI Number Applied For
59-3392645 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PATEL, SAROJ
410 W. VINE STREET
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE: *S. C. Bell* DATE: 2/24/09

Signature by the principal name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME PATEL, SAROJ	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME PATEL, SAROJ
STREET ADDRESS 27599 RIVERVIEW CIRCLE BLVD., SUITE 100	CITY - ST - ZIP BONITA SPRINGS, FL 341344323	STREET ADDRESS 410 W. VINE STREET	CITY - ST - ZIP KISSIMMEE, FLORIDA. 34741

REINSTATEMENT

08-09

[Signature]

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. C. Bell* Date: 2/24/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #