A	PLEASE READ			MENT OF STATE	,	INGHTHIS FOR AND FILED	M. OF	Į	
REIIS MENT			Secretary	Secretary of State DIVISION OF GORPORATIONS		98 DEC 11 PM 5: 20			
	UMENT # P9600 ation Name			SECRETARY OF STATE FALL AHASSEE, FLORIDA					
TERA .	AŚRA, INC.								
Principal P	lace of Business	ddress	ress						
7867 ST. A ORLANDO !	NDREWS CIRCLE FL 32835	NDREWS CIRCLE FL 32835							
	addresses are incorrect in any way, line the incipal Office Address, if Applicable		information and enter correction below. illing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt.	#, etc.	Suite, Apl	Suite, Apt. #, etc.		5. FEI Number		07/15/1996 Applied For	-	
City & State		City & Sta	City & State		6.	59-3409842	Not Applica		
Zip Country Zip		Zip	Country		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require				
7. Names	and Street Addresses of Each Officer and	d/or Director	(Florida nonprofit con			1		_	
Title(s)	Name of Officers and/or Directors 2		3 (Do NOT	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No		City	/ State / Zip		
D	UBEROI, GURVINDER		7867 ST. ANDREWS CIRCLE			ORLANDO FL 32835			
D UBEROI, JASMINE			7867 ST. ANI	DREWS CIRCLE	ORLANDO FL 32835				
						0000271 -12/15/98- -****158.7	3 (633 -01103005 25_****158.75	ے آ	
<u></u>					12				
		<u></u>	_		10/15/	14			
	8. Name and Address of Curren	t Registered /	Agent	Name	9. Name and	Address of New Register	ed Agent		
HARRISON, CHARLES R 1400 W. FAIRBANKS AVE.				Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
SUITE			Suite, Apt. #, Etc.	Suite, Apt. #, Etc.					
	R PARK FL 32789			City		l F	tate Zip Code		
io. I, being Signature o Registered		TUR		UIRED	oligations of Secti	on 607.0505, F.S. Date		_	
	is corporation owes or hangible Personal Prope	as paid	the current		No 🗆	(See other	side for information ntangible tax.)		

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

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 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 signature shall have the same legal effect as if made under oath.

16th Nov. 1998

Department of State Division of Corporations P.O.Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

We received a letter of Dissolution or revocation from your office on Nov. 13th 1998. As per my telephone conversation with one of your Customer Service representative, we had mailed the yearly fee on Jan 14th 1998 with the check # 1016.

I checked with my bank, they did not receive this check. Apparently the check got misplaced in the mail. I am enclosing along with this letter, a check for US\$120.00.

I do apologies for the inconvenience.

Thanks,

very truly

(Gurvinder S Uberoi)