

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 SEP ~1 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000066819

1. Corporation Name  
VRAJ, INC.

2. Principal Office Address  
9931 KILGORE RD

Suite, Apt. #, etc.

City & State  
ORLANDO, FL

Zip  
32836

Country

3. Mailing Office Address  
9931 KILGORE RD

Suite, Apt. #, etc.

City & State  
ORLANDO, FL

Zip  
32836

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 08/05/1998

5. FEI Number  
59-3526885

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
SHAH HARISH

300041099453  
09/15/04--01035--023 \*\*1800.00

Street Address (P.O. Box Number is Not Acceptable)  
9931 KILGORE RD

Suite, Apt. #, Etc.

City  
ORLANDO

State  
FL

Zip Code  
32836

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  
Registered Agent

*Harish Shah*

REGISTERED AGENT MUST SIGN

Date 08/31/2004

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSD	SHAH HARISH	9931 KILGORE RD	ORLANDO, FL 32836

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 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:

*Harish Shah*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/31/2004

Date

407-929-6441

Daytime Phone #

CR2E081 (01/04)