

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

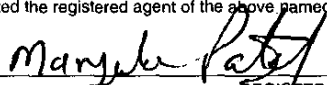
REINSTATEMENT 01-04

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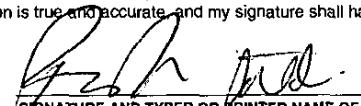
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000075372			
1. Corporation Name ANGITHI INC			
2. Principal Office Address 2047 E. FOWLER AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 2047 E. FOWLER AVENUE Suite, Apt. #, etc.	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA	
Zip 33612	Country US	Zip 33612	Country US

4. Date Incorporated or Qualified To Do Business in Florida 09/11/1996	
5. FEI Number 59-3398390	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name MANJULA PATEL		
Street Address (P.O. Box Number is Not Acceptable) 2047 E FOWLER AVENUE		
Suite, Apt. #, Etc.		
City TAMPA	State FL	Zip Code 33612

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 	Date 2/2/04
REGISTERED AGENT MUST SIGN	

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
PD	PRAKASH PATEL	2047 E FOWLER AVE	TAMPA, FL 33612
VD	DIPIKA AKRUWALA	2047 E FOWLER AVE	TAMPA, FL 33612

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: 	PRAKASH PATEL	Date 02/02/2004	Daytime Phone # 813-758-4830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (10/02)