

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE
AND
FILED

06 SEP -8 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 AR

DOCUMENT # P96000078484

1. Corporation Name

Causeway Fin., Inc.

2. Principal Office Address

7126 BISCAYNE BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

MIAMI, FLORIDA

City & State

FL.

Zip

33138

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1996

5. FEI Number

65-0695482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

DINESH P. PALIWAL

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

110 NW. 154 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33169

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

REGISTERED AGENT MUST SIGN

Date 9/6/06

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 |
|--------|--------------------------------------|---|--------------------|
| PST | DINESH P. PALIWAL | 110 NW 154 ST. | MIAMI FL-33169 |
| D | VIMAL PRASAD | 110 NW 154 ST. | MIAMI, FL-33169 |
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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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/06 786-247-3842
Date Daytime Phone #