

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 02 OCT 29 PM 2:27

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000090199

1. Corporation Name

PAGIDIPATI FAMILY INVESTMENTS, INC.

2. Principal Office Address

2910 SW 7TH AVENUE

3. Mailing Office Address

2910 SW 7TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34474

Country

USA

Zip

34474

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/30/96

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

400008640054
10/29/02--01010--010 **1350.00
REINSTATEMENT 98-02

7. Name and Address of Current Registered Agent

Name

DEVAIAH PAGIDIPATI

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

2910 SW 7TH AVENUE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34474

Please Sign & Date

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

X 10/21/02

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
P	RUDRAMA D. PAGIDIPATI	2910 SW 7TH AVENUE	OCALA, FL 34474
VP	DEVAIAH PAGIDIPATI	2910 SW 7TH AVENUE	OCALA, FL 34474
ST	RAHULDEV R. PAGIDIPATI	2910 SW 7TH AVENUE	OCALA, FL 34474

[Handwritten Signature]

Please Sign & Date

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in sections 607.0505 or 617.0503, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

[Handwritten Signature] 10/21/02

Daytime Phone #