PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN -7 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095058

1. Corporation Name

SEVA ANANDA Co.

Principal Place of Business: OLD -NA — Mailing Address:

1005 ANTELOPE TRAIL
WINTER SPRINGS, FL 32708

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
317 REDWING WAY
Suite, Apt. #, etc.
City & State
CASSELBERRY, FL
Zip 32707 | Country SEMINOLE

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
11-15-1996

5. FEI Number
59-3413781
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]
CK #102
$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	CHANDER M. GANDHI	317 REDWING WAY CASSELBERRY, FL 32707	CASSELBERRY FLORIDA 32707

REINSTATEMENT 97
SL 98

100002395481--0
-01/09/98--01057--003
****758.75 ****758.75

8. Name and Address of Current Registered Agent

CHANDER M. GANDHI
SAME AS ABOVE

9. Name and Address of New Registered Agent

Name: NA
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Chander Gandhi.
REGISTERED AGENT MUST SIGN
Date: 12-30-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]
(See other side for information on intangible tax.)

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 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: Chander Gandhi. CHANDER M. GANDHI 12-30-97 (407) 696-3513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #