

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -6 PM 1:14

DOCUMENT # **P97000002570**

1. Corporation Name

SUDHA INVESTMENT COMPANY

2. Principal Office Address

3109 STIRLING ROAD

Suite, Apt. #, etc.

SUITE 106

City & State

FORT LAUDERDALE FL

Zip

33312

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 98-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-9-97

5. FEI Number

650741523

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

DAVID R ROY, PA

100003995761-7

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

4209 N. FEDERAL HWY

04/12/01-01106-017

*****1208.75 ***1208.75**

Suite, Apt. #, Etc.

City

POMPANO BEACH, FL

State

FL

Zip Code

33064

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3-10-01**

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
President	Kishor Karia, M.D.	3109, Stirling road	Ft. Lauderdale FL 33312

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:

[Signature]

KISHOR KARIA, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 2001

Date

954-963-4112

Daytime Phone #

CR2E081 (9/00)