

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 12 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002570
1. Corporation Name SUDHA INVESTMENT
COMPANY

1/28/04 01058019 1,000

100028636691
02/12/04--01008--017 **50.00

2. Principal Office Address
3109 STIRLING ROAD
Suite, Apt. #, etc. 106
City & State FORT LAUDERDALE
FLORIDA
Zip 33312 Country USA

3. Mailing Office Address
3109 STIRLING ROAD
Suite, Apt. #, etc. 106
City & State FORT LAUDERDALE
FLORIDA
Zip 33312 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida 01.09.1997

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 SIVAPRASAD KALIPATNAPU
PRESIDENT, A-1 PROFESSIONALS INC
Street Address (P.O. Box Number is Not Acceptable) 4100 SW 20 AVE
Suite, Apt. #, Etc. C-5
City GAINESVILLE State FL Zip Code 32607-4201

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 Sivaprasad
REGISTERED AGENT MUST SIGN

Date 01.14.2004

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	KARIA, KISHOR PRESIDENT M.D.	3109 STIRLING ROAD SUITE #106	FORT LAUDERDALE FL 33312

REINSTATEMENT 02-0411

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: Sivaprasad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04 954-9624112
Date Daytime Phone #

CR2E081 (10/02)