APR. 9. 2003 10:53AM NO. 6273 P. 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 17 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000040284

1. Corporation Name
MORISLIN, INC.

REINSTATEMENT 00 03

2. Principal Office Address	**3.** Mailing Office Address
MORISLIN INC	MORISLIN INC
Suite, Apt. #, etc.	Suite, Apt. #, etc.
14912 WILD WOOD	266 ARROWHEAD WAY
City & State	City & State
ORLANDO, FL	HAYWARD, CA
Zip / Country	Zip / Country
32824 / USA	94544 / USA

4. Date Incorporated or Qualified To Do Business in Florida 5-6-1997

5. FEI Number 330751547 — 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
Corporation Sevice Company

Street Address (P.O. Box Number is Not Acceptable)
1202 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee, | State: FL | Zip Code: 32301

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 _____ Date April 16, 2003
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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	NALINI PERICHERLA	266 ARROWHEAD WAY	HAYWARD/CA/94544
D	SRINI MORISETTY	266 ARROWHEAD WAY	HAYWARD/CA/94544
			000016221330

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: (NALINI) PERICHERLA 04/09/03 510-324-3871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 047013 5109627

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1,208.75

ORDER DATE : April 15, 2003

ORDER TIME : 11:58 AM

ORDER NO. : 047013-005

CUSTOMER NO: 5109627

CUSTOMER: Srinivas Morisetty
Morislin, Inc.
266 Arrowhead Wat

Hayward, CA 94544

RECEIVED
03 APR 17 PM 1:37
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MORISLIN, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____