PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAY 17 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000106035

1. Corporation Name
REMA RICHIE INCORPORATED

LS

REINSTATEMENT 0001

2. Principal Office Address	3. Mailing Office Address
1420 SEVEN SPRINGS BL	7307 E.R. 54
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FL	City & State: NEW PORT RICHEY, FL
Zip: 34655 Country:	Zip: 34653 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/17/97

5. FEI Number: 593485527 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: RICK ROBERTS

400004287424--4
05/22/01--01074--011
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 505 EAST JACKSON ST

Suite, Apt. #, Etc.: SUITE 202

City: TAMPA, FL 33602 State: FL Zip Code: 33602

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: Richard G Roberts Date: 5-15-01
REGISTERED AGENT MUST SIGN

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
PRES.	PRATIV PATEL	3312 LITHIA PINECREST RD	VALRICO, FL 33594
VP	RAJESH BHUIA	1816 KINSMERE DR	NEW PORT RICHEY FL 34655
S	MAGAN BAKARANIA	3312 LITHIA PINECREST	VALRICO, FL 33594

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: Rajesh Bhuia MAY 14th 2001 727-372-1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #