PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.D SECRETARY OF STATE ONLY OF CORPORATIONS DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE 09 MAR 10 PM 3: 15 **CORPORATION** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P98000059728 1. Corporation Name KIRUN INC 700145418697 03/10/09--01028--024 **235.00 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 9001 TAMIAMI TRAIL 9001 TAMIAM TRAIL CR2E081 (12/07) Suite, Apt. #, etc. Suite, Apt. #. etc 4. Date Incorporated or Qualified To Do Business in Florida Jun 7th 1998 City & State City & Stale 5. FEI Number Applied For SOUTH VENICE FL SOUTH VENICE FL 65-084-8908 Not Applicable \$8.75 Additional Fee required for a Certificate of Status 34293 USA 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in KAMLESH KADIWAR circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 9001 TAMIAMI TRAIL are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Zip Code State SOUTH VENICE 4293 FL 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. Date 2/27/09 Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Titles 1041 HANBOUR GEN RACE PhytaGORDA FL 33983 KAMLESH. B. KADIWAR Pacs I DAY KAVITA. K. KADIWAR 1041 HARROVE Gran BACE TAGORDA FL33963 SECRETORY 700145418697 03/10/09--01028--025 700145418697 /10/09--01028--026 ****

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 filling 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 contained in Chapter 119, 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/09

941-585-3189