PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN ⁻
OCUMENT #



FLORIDA DEPARTMENT OF STATE

Jim Smith ary of State

CORPORATIONS

P98000074514 JUUMENI#

1. Corporation Name

VIJAY=GROUP,=INC.

Principal Place of Business

Mailing Address

5100 N.W.-17TH_AVENUE MIAMI FL 33142

: 5335 NW 190-LN-

MIAMI FL 33055

FILED

02 OCT 30 AHII: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line thro	ough incorrect information and ente	er correction below.				
2. New Principal Office Address, If Applicable 5100 NIM 27 AVF	New Mailing Office Address,	ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 08/26/1998		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Numbe		Applied For	
City & State MIAMI FL	City & State MIAMI	FL	6.	65-0859441	Not Applicable	
Zip 33142 Country DADE	Zip 33055 Coun	ADE		OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Title(s) Name of Officers and/or Directors		treet Address of Each Officer and/or Director		City	/ State / Zip	
P T RATHORE, DAKSHA	5335 NW 190 I		DLANE	MIAMI FL 33055	:	
V 5 RATHORE, SITARAN	-5100 N.W17T	H-AVENUE-		MIAMI FL 33142		
RATHORE SI	TARAM 5335	NW 190	LANE	MIAMI	FL33055	
		. 77-401				
<u>.</u>						
			DD 1	0008696 0201041003	100	
			201001			
8. Name and Address of Current Registered Agent			9. Name and A	Address of New Registers	ed Agent	
Name					689	
RATHORE, SITARAM -5100 NW 17TH AVENUE 5335 \	Street Address (P.O. Box Number is Not Acceptable)			5		
			Suite, Apt. #, Etc.			
		City			ate Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.						
Signature of Registered Agent MUTTURE SILTARIAMERATHORE Date 16/27/02						

11. 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 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.

THORE

MIAMI FL33142 FL Dept of State Div. of Incorporations Tallahapee FL32314-6327 # P98000074514 Re: VIJAY GROUP INC Dear Sir/Mdm, I am enclosing application with a chark to Kirdly reinstite our asfortion. I have made nacessary charges in addresses everywhere to rectify porfer information for your Kind consideration, so it may not happen in Juture again. I had same kild of problems last year too and you were Kind enough to selid me the money back for re-instatement Kirdly do the necesful and oblige Bested: 10/27/02 Straken Ram - Straken Ra (RAM-SITARAM KATHOPE) VIJAY Group Inc 5100 NW 22 AVE MIAMI FL 33142

P.S. - Any Questions Heave beed me at (305) 727 7105.