

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -4 PM 2:19

DOCUMENT # P98000000980

1. Corporation Name

TEKSAR INC.

2. Principal Office Address

15210 AMBERLY DR

Suite, Apt. #, etc.

722

City & State

TAMPA FL

Zip

33647

Country

USA

3. Mailing Office Address

15210 AMBERLY DR

Suite, Apt. #, etc.

722

City & State

TAMPA FL

Zip

33647

Country

USA

REINSTATEMENT 00-01

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

11/30/1998

5. FEI Number

593547710

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

KARTHIK VISWANATHAN

200004430872-2

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

15210 AMBERLY DR

-06/19/01--01115--15

****900.00 ****900.00

Suite, Apt. #, Etc.

722

City

TAMPA

State

FL

Zip Code

33647

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**

[Signature]

Date 5/24/2001

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
PRESIDENT	KARTHIK VISWANATHAN	15210 AMBERLY DR #722 TAMPA	TAMPA FL 33647
VP	SONU GUPTA	15210 AMBERLY DR #722	TAMPA FL 33647

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)(l), 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:

[Signature]

KARTHIK VISWANATHAN

5/24/2001 813-977-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)