## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Tracy D. Weintraub, CPA  Street Address (P.O. Box Number is Not Acceptable) 401 East Las Olas Bivd.  Suite, Apt. #, Etc. 1090  City FL. Lauderdale  8. 1, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Name of Registered Agent Agent Agent Address of Each Officer and/or Director (Florida nonprofit corporations must fiel at least 3 directors)  D Viren Patel  1251 E. Sunrise Bivd.  1090  10 Mehul Patel  10 I Learlity 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, P.S. I further certify that when filing this reinstatement and corporation, the cresporation and representation of the corporation and representation of the proporation and representation of the received and requesting the reinstatement fee be walved.  Ft. Lauderdale, FL 33304  D Mehul Patel  1251 E. Sunrise Bivd.  Ft. Lauderdale, FL 33304  10 I Learlity 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 corporation name satisfiers the requirements of section 607,0401 or 617,0401, F.S., that all fees owned by the corporation have been paid and the page of Individuals listed on this application, the reason for dissolution has been eliminated, the corporation name satisfier an exemption contained in Chapter 119, F.S. The information indicated on this application, the reason for dissolution has been eliminated, the corporation name satisfier an exemption contained in Chapter 119, F.S. The information indicated on this application, the reason for dissolution has been eliminated on the application, the reason for dissolution has been eliminated on the application, the reason for dissolution has been eliminated on the application, the		RPØRATI STATEM			8	DEPART Secretary sion of co	of S			0	FILED 9 JUN 23 PM 3: 37	
2. Principal Office Address - No P.O. Box # 1251 E. Sunrise Blvd.  Sulfe, Apf. et cl.  Cry & State  Fort Lauderdale, FL  To Bauderdale, FL  The reinstalement fee is Imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstalement fee be waived.  The Bauderdale FL  Signature of College and the splittered agent of the provention, am familiar with and accept the obligations of section 697,0505 or \$17,0503, F.S.  Signature of Officer and/or Directors  Titles Officers and or Directors  Titles Officers and/or Directors  Titles Officers and or Directors  Titles Officers and/or Dir										TĂĹ	CHETARY OF STATE LAHASSEE, FLORIDA	
T251 E. Sunrise Blvd.  Sulte, Apt. #, etc.  4. Date incorporated or Qualified To Do Bluehees in Florida 05/20/1999  Applied For To Do Bluehees in Florida 05/20/1999  Applied For Sport Lauderdale, FL.  Zip Country  33304 United States  7. Name and Address of Current Registered Agent  Teacry D. Weintraub, CPA  Street Address (FO. Dan Number is Not Acceptable)  40.1 East Las Olas Blvd.  Sulte, Apt. #, Etc.  Sulter	Roshni Investments, Inc. ■								Made	9 0007 014-00		
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.										71201	TATE 45-02	
City & State Fort Lauderdale, FL Zip 33304 United States  7. Name and Address of Current Registered Agent  Name Tracy D. Weintraub, CPA Shreet Address (P. O. Box Number is Not Acceptable) 401 East Las Olas Blvd.  Suite, Apt. II, Etc. 1090  6. Lating appointed the registered agent of the above name of corporations, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Addresses of Each Officor and/or Directors  Titles  Officers and or Directors  Officers and/or Directors	Suite, Apt. #, etc. Suit					Suite, Apt. #, etc.				4. Date Incorp	orated or Qualified	
Country   33304   United States									5. FEI Number Applied For			
Name of Officer and for Directors    Name of Officer and for Directors and for Direc									6. SB.75 Additional Fee required			
Tracy D. Weintraub, CPA  Street Address (P.O. Box Number is Not Acceptable) 401 East Las Olas Blvd.  Sulle, Apt. #, Etc. 1090  Sulle, Apt. #, Etc. 1090  6. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Recistred Agent More and for Directors  Titles Names and Street Addresses of Each Officer and/for Directors  D Viren Patel 1251 E. Sunrise Blvd.  1251 E. Sunrise Blvd.  Ft. Lauderdale, FL 33304  10-1 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 corporation are selding to the supplication, the reason for dissolution has been eliminated, the corporation has the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the pagens of individues listed on this bring to an experiment of a section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the pagens of individues listed on this bring to an experiment of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the pagens of individues listed on this bring to rank experiments of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the pagens of individues listed on this bring to an exemption contained in Chapter 119, F.S. The information indicated on this application, is true and accounts, and my deplature shall have the same legal effect as if made under oath.	7. Name and Address of Current Registered Agent											
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Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director	Signature of Registered Agent Date 6/11/09										/ /	
D Viren Patel 1251 E. Sunrise Blvd. Ft. Lauderdale, FL 33304  D Mehul Patel 1251 E. Sunrise Blvd. Ft. Lauderdale, FL 33304  BOD 1 5 4 3 0 7 9 8 8  04/30/19=-01007=-014 **750.00  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, F.S., that all fees owed by the corporation have been paid and the pagmes 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 cath.  SIGNATURE:	9. Names	and Street Ad	dresses	of Each Officer and	l/or Director (Flo	orida nonpro	fit corpo	orations must list a	ıt lea	ast 3 directors)		
D Mehul Patel  1251 E. Sunrise Blvd. Ft. Lauderdale, FL 33304  8001543079388 04730793-01007014 **750.00  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 pames 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:	Titles									City / State / Zip		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												

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