PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT			DEPARTMENT OF STATE Secretary of State sion of corporations		FILED 2007 JUL 31 AM 1:12	
DOCUMENT # P99000068246 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE,FLORID		
Floridian Asian Industries, Inc.						0/1.47
2. Principal Office Address - No P.O. Box # 7961 Arlington Expressway Suite, Apt. #, etc.		3. Mailing Office Address 7961 Arlington Expressway Suite, Apt. #, etc.		CR2E081 (1/07) 4. Date Incorporated or Qualified To Do Business in Florida 08/02/1999		
City & State Jacksonville, FL		City & State Jacksonville, FL		To Do Business in Florida		
3221°	1 USA	^{Zip} 32211	Country	6. CERTIFICATE		litional Fee required rtificate of Status
7. Name and Address of Current Register Deepak Ray Street Address (P.O. Box Number is Not Acceptable) 7961 Arilington Expressway Suite, Apt. #, Etc. City City Calculated Address of Current Register City City Calculated Address of Current Register Current Register Register Address of Current Register Register Address of Current R			State 32Zin Code	The reinstatement 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 reinstatement fee be waived.		I not receive his box, you s were not
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Registered Agent REGISTERED AGENT MUST SION				bligations of section 607.0505 or 617.0503, F.S. Date 07/25/2007		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles	les Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
М	Deepak Ray		7961 Arlington Expressw		Jacksonville, FL 32211	
					/070102100s ¥•	¥1200,00
10. I certif	y that I am an officer or director or the rece	iver or trustee empowered t	to execute this application as	provided for in cha	apter 607 or 617, F.S. I further certify	that when filling
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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Depart Outine Phone #						

al w