PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 01 JUN -6 PM 3: 17 DOCUMENT # \(\mathcal{U}\) RANI TRAIDING CORPORATION RANI E. WEST INDIAN GROCERY 2. Principal Office Address 3. Mailing Office Address 9645 E. ColoniAL DRIVE 9645 E. COLONIAL DRIVE Suite, Apt. #, etc. 4. Date Incorporated or Qualified --611-To Do Business in Florida 9-29-99 City & State City & State 5. FEI Number Applied For DRLANDO ORLANDO FL. 65-0951719 Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 32817 DRANBE DRANGE 328 17 7. Name and Address of Current Registered Agent RANI KAMPERSAD 700004435627 -0 -06/21/01--01084--1<mark>2</mark>6 Street Address (P.O. Box Number is Not Acceptable) PLACE DOUGLAS 9649 LAKE ****150.00 ****190.00 Suite, Apt. #, Etc. State-Zip Code ORLANDO 328 17 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 Date 5-15-01 Registered Agent 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 Titles City / State / Zip RANI N.K. RAMPERSA) PRES 9649 LAKE DOUGLAS PL. ORIANDO FL. 32817 SP 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)(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. KAW A.K. KAMPELS EN SIGNATURE: