

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JAN -2 PM 2:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT #574625 1. Corporation Name Virah Corporation Florida		DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida 8-19-91 5. FEI Number 59-3080132 6. ☒ CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Principal Place of Business Mailing Address 815 Orienta Avenue, Suite 6 Altamont Springs, Florida 32701			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		
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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Hitesh M. Patel	99 Spring Street	Nashville, TN 37207
V.P.	Rajesh M. Patel	8929 S. Memorial Dr., #290	Tulsa, OK 74133
Sec.	Vinay M. Patel	6509 Jim De Groat Avenue	El Paso, TX 79912
REINSTATEMENT 95-96 100002045351-9 -01/03/97--01134--017 *****583.75 *****583.75			
8. Name and Address of Current Registered Agent Ronald Sablick 115 Seabreeze Boulevard Daytona Beach, FL 32118		9. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City State Zip Code Plantation FL 33324	
10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent <i>Connie Bryan</i> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN		Date 12/31/96	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>[Signature]</i> HIT 28114 MAR. 11/25/96 615-289-9166 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2004 (12/95)