

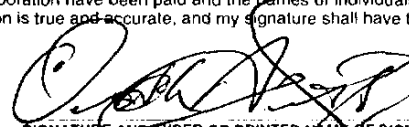


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>576181</b>			
1. Corporation Name <b>LITTLE INDIA STORE, INC.</b>			
Principal Place of Business <b>3950 NW 37TH STREET LAUDERDALE LAKES, FL 33309</b>		Mailing Address <b>3950 NW 37TH STREET LAUDERDALE LAKES, FL 33309</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>N/A</b>		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>08/31/91</b>		5. FEI Number <b>65-0284240</b>	
		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>PRES.</b>	<b>VIRUDH ANIRUDHSINGH</b>	<b>1720 NORTH 50TH AVENUE</b>	<b>HOLLYWOOD, FL 33021</b>
<b>SEC.</b>	<b>KASSARI ANIRUDHSINGH</b>	<b>1720 NORTH 50TH AVENUE</b>	<b>HOLLYWOOD, FL 33021</b>
8. Name and Address of Current Registered Agent <b>KURLAND &amp; KURLAND 9853 PINES BOULEVARD PEMBROKE PINES, FLORIDA</b>		9. Name and Address of New Registered Agent Name <b>KIRK A. BARROW</b> Street Address (P.O. Box Number is Not Acceptable) <b>3500 NORTH STATE ROAD 7</b> Suite, Apt. #, Etc. <b>SUITE 201</b> City <b>LAUDERDALE LAKES</b> State <b>FL</b> Zip Code <b>33319</b>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  <b>REGISTERED AGENT MUST SIGN</b> Date <b>08/10/99</b>			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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., the 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. <b>KE</b>			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>VIRUDH ANIRUDHSINGH</b> 08/06/99 (954) 485-9441 Date Daytime Phone #	

FILED  
AUG 16 PM 1:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99<sup>u</sup>

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