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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 13 AM 8:00

DOCUMENT # P0200001307  
1. Corporation Name PAARAS INC  
8245 S. Hwy 1792  
FERN PARK, FL 32730

REINSTATEMENT 03-04

2. Principal Office Address Same as Above  
3. Mailing Office Address Same as Above  
Suite, Apt. #, etc.  
City & State FERN PARK, FL  
Zip 32730 Country US

4. Date Incorporated or Qualified To Do Business in Florida 9/2/03 90195 022 \*550.00 Jan 04-2002  
5. FEI Number 030377086 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent  
Name MILAN H. SHAH 900032977609 04/16/04--01069--003 \*\*150.00  
Street Address (P.O. Box Number is Not Acceptable) 8245 S. Hwy 1792  
Suite, Apt. #, Etc.  
City FERN PARK State FL Zip Code 32730

MRS

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 Registered Agent Milan H. Shah REGISTERED AGENT MUST SIGN Date 04-12-04

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles    | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-----------|-----------------------------------|--|--------------------|
| President | MILAN H. SHAH                     | 8245 S. U.S. Hwy 1792                          | FERN PARK FL 32730 |
|           |                                   |  |                    |
|           |                                   |  |                    |
|           |                                   |  |                    |
|           |                                   |  |                    |

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)(f), 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: Milan H. Shah MILAN H. SHAH 04-12-04 407-339-3333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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PAARAS INC

8245 S. Hwy 1792

FERN PARK FL 32730

April 13<sup>th</sup> 2004

407-339-3333

To,

FL Dept of State

Div. of Corporation

409 E Gaines St.

Tallahassee, FL 32314

ATT: Ms. Ruby Dunn

I am Milan H. Shah President of PAARAS Inc informing you that I did not received any letter dated Sept 04 2003 regarding PAARAS Inc Corporation. If you have any question please call me @ 407339-3333.

Milan H. Shah

