

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 11 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000058449		1. Entity Name VESHNO, INC.	
Principal Place of Business VESHNO, INC. 2651 LONG LAKE DR SHREVEPORT, LA 71106		Mailing Address 2651 LONG LAKE DR SHREVEPORT, LA 71106	
2. Principal Place of Business		3. Mailing Address <i>2651 Long Lake Dr</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Shreveport, LA</i>	
Zip		Zip <i>71106</i>	
Country		Country <i>USA</i>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KARMAKAR, REETA C/O RELIANCE CONSULTING LLC 3105 W.WATERS AVE,SUITE#105 TAMPA, FL 33614		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARMAKAR, REETA 2651 LONG LAKE DR SHREVEPORT, LA 71106	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Reeta Karmakar</u>		Date: <u>12/4/06</u> Day/Time Phone #: <u>(318) 834-9981</u>	

11-2706 01057 010 \$750.00
12052006 REINSTATEMENT OR 2E098/11/06
REINSTATEMENT

4. FEI Number **59-3714938** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

G. Mitchell DEC 11 11:55