

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

97 DEC -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N06264 (8)
 1. Corporation Name
THE TAMIL CULTURAL ASSOCIATION, INC.
REINSTATEMENT (97)



Principal Place of Business Mailing Address
 % IAYAHNAR NAGAPOOLLAY
 6860 KIMBERLY BOULEVARD
 N LAUDERDALE FL 33068

3. Date Incorporated or Qualified **11/20/1984** 3a. Date of Last Report **11/04/1996**
 4. FEI Number **65-0138198** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **4200 NW 3RD CT** 26 **4200 NW 3RD CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **UNIT 123** 27 **UNIT 123**
 City & State City & State
 23 **PLANTATION FLA.** 28 **PLANTATION FLORIDA**
 Zip Country Zip Country
 24 **33317** 25 **USA** 29 **33317** 30 **USA**

9. Name and Address of Current Registered Agent
NAGAPOOLLAY, IAYAHNAR
6860 KIMBERLY BOULEVARD
N LAUDERDALE FL 33068

10. Name and Address of New Registered Agent
 81 Name **IAYAHNAR NAGAPOOLLAY**
 82 Street Address (P.O. Box Number is Not Acceptable) **4200 NW 3RD CT**
 83 **UNIT 123**
 84 City **PLANTATION FL.** 85 Zip Code **33317**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **IAYAHNAR NAGAPOOLLAY** *[Signature]* **11-21-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NAGAPOOLLAY, IAYAHNAR	
STREET ADDRESS	6860 KIMBERLY BLVD	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAGAPOOLLAY, VINU	
STREET ADDRESS	6860 KIMBERLY BLVD.	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHANDERDAI, BHAGOO	
STREET ADDRESS	460 NW 40 CT.	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition
 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
8000002362928-2
-12/04/97-01088-012
******236.25 ****236.25**
 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

A. Alan
12/1/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

CR2E037 (9/96)