

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Kathryn Harris
Secretary of State
DIVISION OF CORPORATIONS

99-02 UBR

DOCUMENT # N95000004714

1. Corporation Name

PUNJABI SANGH OF FLORIDA, INC

2. Principal Office Address

9132 BAYWARD CT

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip Country

32819

3. Mailing Office Address

10112 CANDY TREE CT

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip Country

32836

FILED

02 JAN 24 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****253.75 ****253.75

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3343735

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

VINNIE APOA

Street Address (P.O. Box Number is Not Acceptable)

10112 CANDY TREE CT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

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



REGISTERED AGENT MUST SIGN

Date

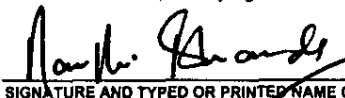
12/8/01

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
D/P	DR. YASH SACHDEV	3504 TRAVERES PL TITUSVILLE, FL 32780	TITUSVILLE, FL 32780
D/S	MR. RANBIR BHANDARI	9132 BAYWARD CT	ORLANDO, FL 32819
D/T	DEEPAK KALSI	5537 BAYSIDE DR	ORLANDO, FL 32819

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)(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.

SIGNATURE:

 RANBIR BHANDARI

Date

12/8/01

Daytime Phone #