

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 18 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000064018

1. Corporation Name

M & B GANDHI, INC.

2. Principal Office Address

5100 NORTH 9TH AVENUE

Suite, Apt. #, etc.

CORDOVA MALL-D-401

City & State

PENSACOLA FL

Zip

32504

Country

ESCAMBIA

3. Mailing Office Address

12 DAVIS FARM ROAD

Suite, Apt. #, etc.

C/O BHUNESH GANDHI

City & State

CLINTON, CT

Zip

06413

Country

MIDDLESEX

REINSTATEMENT 03-05

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/10/2002

5. FEI Number

30-0086504

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

MANAN GANDHI

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

669 EAGLE VIEW CIRCLE

400060726294

10/18/05--01078--003 ***1203.5

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32311

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

Date

10/9/05

REGISTERED AGENT MUST SIGN

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	MANAN GANDHI	669 EAGLE VIEW CIRCLE	TALLAHASSEE, FL 32311
TREASURER	DIPTI GANDHI	12 DAVIS FARM ROAD	CLINTON, CT 06413
DIRECTOR	BHUNESH GANDHI	12 DAVIS FARM ROAD	CLINTON, CT 06413
SECRETARY	MANAN GANDHI	669 EAGLE VIEW CIRCLE	TALLAHASSEE, FL 32311
DIRECTOR	DIPTI GANDHI	12 DAVIS FARM ROAD	CLINTON, CT 06413
DIRECTOR	MANAN GANDHI	669 EAGLE VIEW CIRCLE	TALLAHASSEE, FL 32311

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

860-227-5971

Daytime Phone #