

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 15 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000100208**

1. Corporation Name

**SHAKTIWARE INC**

Principal Place of Business

Mailing Address

2640 HURON WAY  
MIRAMAR FL 33025

2640 HURON WAY  
MIRAMAR FL 33025

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~636 NW 2ND AVE~~

~~636 NW 2ND AVE~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

~~FT. LAUDERDALE, FL~~

~~FT. LAUDERDALE, FL~~

Zip

Country

Zip

Country

~~33311~~

~~USA~~

~~33311~~

~~USA~~

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/2002

5. FEI Number

05-0534365

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SINGH, PATRICK	2640 HURON WAY	MIRAMAR FL 33025

000030474460  
03/15/04--01048--021 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SINGH, PATRICK  
2640 HURON WAY  
MIRAMAR FL 33025

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE REQUIRED*

REGISTERED AGENT MUST SIGN

Date

3/10/04

11. 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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/04 954 804 9906

CR2E040 (7/03)

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314  
Tel 850 245 6059

To Whom It May Concern,

I am the owner of the Company ShaktiWare Inc. The none payment of fees was due to a tragedy in my Family. My daughter was diagnosed with New Variant CJD (Mad Cow Disease) the first and only Case in the USA, as seen on CNN News, Washington Post, and Miami Herald. Due to this tragedy, the Corporation ShaktiWare Inc became almost none functional.

- Now that I am now over the initial shock, I would like to reinstate the Corporation. Please find enclosed
- Check for the sum of \$300.00 for each year of none payment!

Sincerely

Patrick Singh  
ShaktiWare Inc  
636 NW 2<sup>nd</sup> Ave  
Ft. Lauderdale, FL 33311  
Tel 954 804 9906



10/10/01  
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