

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 19 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



DOCUMENT # P03000137390

1. Entity Name
GEHANA, INC.

Principal Place of Business
2829 N.E. SILVER SPRINGS BLVD.
OCALA, FL 34470

Mailing Address
2829 N.E. SILVER SPRINGS BLVD.
OCALA, FL 34470

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

11042004 REIN-P CR2E098 (6/04)

4. FEI Number
02-0724906

Applied For:
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PATEL, RAMESH
2829 N.E. SILVER SPRINGS BLVD.
OCALA, FL 34470

7. Name and Address of New Registered Agent
Name
Nilesh Patel
Street Address (P.O. Box Number is Not Acceptable)
2829 N.E. Silver Springs Blvd
City Ocala FL Zip Code 34470

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 *[Signature]* DATE 11/12/04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 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: *[Signature]* DATE 11/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR