

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F00 000000512

1. Corporation Name

INDIAN TABAC CIGAR CO.

REINSTATEMENT 01-02

300008667613  
10/29/02--01074--017 \*\*900.00

2. Principal Office Address

1440 RAIL HEAD BLVD

3. Mailing Office Address

1440 RAIL HEAD BLVD

Suite, Apt. #, etc.

SUITE 7

Suite, Apt. #, etc.

SUITE 7

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/1999

5. FEI Number

56-1948219

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

NIMISH DESAI

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

1728 WELLESLEY CIR

Suite, Apt. #, Etc.

3

City

NAPLES FL

State  
FL

Zip Code  
34116

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

Nimish V Desai

REGISTERED AGENT MUST SIGN

Date 10/2/02

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
MR	(President) RAKESH PATEL	405 Arielle Dr	NAPLES FL 34109
MR	(VICE President) K.C. STOCK	1703 Lost Dauphin Rd	DePere WI 54115
MISS	SECRETARY SUE PANKRATZ	2560 OLD PLANK RD	DePere WI 54115
MR	Treasurer Nimish Desai	1728 WELLESLEY CIR	NAPLES FL 34116

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:

Nimish V Desai

Nimish V Desai

10/1/02 284-593-1833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/01)