

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN 12 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F58516

1. Corporation Name

SUSHILA INC

500086471795

01/30/07--01005--006 **450.00

2. Principal Office Address

1726 SW 27TH ST

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34474

Country

US

3. Mailing Office Address

1726 SW 27TH ST

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34474

Country

US

REINSTATEMENT

CR2E081 (12/05)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

12-10-81

5. FEI Number

59-2143833

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

ANIL PATEL

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

1726 SW 27TH ST

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

anil patel

Date

1-10-07

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
P	SURYAKANT R PATEL	3255 SE 55TH CT	Ocala, FL 34471
VP	ANIL PATEL	1726 SW 27TH ST	Ocala, FL 34474
VP	NALIN R PATEL	701 TELLURIDE DR	WACO, TX 76712
ST	INDU P PATEL	1608 SW 16TH ST, Box 4	GAINESVILLE, FL 32608

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 contained in Chapter 119, 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:

anil patel

ANIL PATEL - VP

1-10-07

352-614-9530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUSHILA INC

1726 SW 27th St, Ocala, FL 34474-7087
Phone: 352-624-9530 Fax: 352-624-2992

2052

January 10, 2007

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Sushila, Inc. – Corporate Document # F58516

Dear Sir/Madam:

I enclose a completed Corporation Reinstatement Form for the above corporation, including our check in the amount of \$450.00.

Unfortunately, we did not file for years 2005 & 2006 because the postcards must have been mailed to our old address. I apologize for not informing you about our new address.

As such, I will appreciate if you will accept our payment and waive the late fees and penalties.

For Sushila Inc.



Anil Patel
VP

Thank You !