

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 26 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F58516**

1. Corporation Name

SUSHILA, INC.

2. Principal Office Address

205 SW COMMERCE DRIVE

3. Mailing Office Address

5 ALMOND DRIVE TRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY, FLORIDA

City & State

OCALA, FLORIDA

Zip

32025

Country

USA

Zip

34472-8735

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1981

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)

5 ALMOND DRIVE TRACE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34472-8735

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 11.19.03

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
V	PATEL, NALIN R.	720 S LAKE PRAZOS DRIVE	WACO, TX 76704
P	PATEL, SURYAKANT R.	3255 SE 55TH CT	OCALA, FL 34471
ST	PATEL, INDU P.	1608 SW 16TH STREET, BOX 4	GAINESVILLE, FL 32608
V	PATEL, ANIL D.	5 ALMOND DRIVE TRACE	OCALA, FL 34472-8735

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:

anil patel

ANIL PATEL

11.19.03

352-624-9530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Sushila, Inc.

5 Almond Drive Trace
Ocala, Fl 34472-8735
Tel: (352) 624-9530
Fax: (352) 624-2992

November 19, 2003

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

Re: Corporation Reinstatement - SUSHILA, INC.

Dear Sir/Madam:

As per our telephone conversation please find enclosed our check in the amount of \$150.00, together with completed reinstatement form.

We never received the original document because the Post Office had changed the address that was shown as the mailing address on your records.

I appreciate your help in this matter.

Thank You,

Sincerely,

anil

Anil D. Patel
Vice President