

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

03 OCT 28 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000006764**

1. Corporation Name

SHI, INC.

Principal Place of Business

Mailing Address

2020 APALACHEE PKWY
TALLAHASSEE FL 32301

2020 APALACHEE PKWY
TALLAHASSEE FL 32301

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1997

5. FEI Number

59-3236665

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
PV	PATEL, RAKESHK	401 TANDARK PLACE 959 LONE FEATHER DR	TALLAHASSEE FL 32301 32311
S	PATEL, JASHU K	401 TANDARK PLACE 959 LONE FEATHER DR	TALLAHASSEE FL 32301 32311

100024205361
10/28/03--01045--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATEL, KANTILAL B
2020 APALACHEE PKWY
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date 10/19/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/03
Date

850-877-4437
Daytime Phone #

CR2E040 (7/03)

SHI, INC.
2020 APALACHEE PKWY
TALLAHASSEE, FL 32301
850-877-4437 X371

October 23, 2003

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

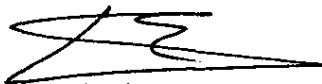
Re: Reinstatement
SHI, Inc.

Dear Sir/Madam:

This is a request to remove penalty for not filing annual report in a timely manner. I hereby certify that I did not receive a mailing for an annual report & therefore did not realize our obligation. It may have been the fault of either post office or our internal mail department.

I sincerely apologize for this delay & ask for your consideration for removal of penalty, as we have never been late for filing in any prior years. Please find attached completed form & a check for \$150. Please do not hesitate to contact me at above listed number should you have any questions.

Sincerely,



Rakesh K. Patel
Officer/Director