

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

2000-2001

FILED  
Apr 05, 2001 8:00 A.  
Secretary of State

DOCUMENT # F99000002265

1. Corporation Name

BRUHASPATI INC.

2. Principal Office Address

7415, HWY 77

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 45

Suite, Apt. #, etc.

City & State

SOUTH PORT

City & State

LYNN HAVEN

Zip

32409

Country

BAY

Zip

32444

Country

BAY

4. Date Incorporated or Qualified  
To Do Business in Florida

4-29-1999

5. FEI Number

56-2136727

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 BHADRESH L. SHAH

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

7415, HWY 77

Suite, Apt. #, Etc.

City

SOUTH PORT

State  
FL

Zip Code

32409

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

Date 04-01-01

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
OWNER	BHADRESH L. SHAH	7415, HWY 77	SOUTH PORT, FL-32409
SEC.	REKHA B SHAH	925, FLORIDA AVE.	LYNN HAVEN, FL-32444
SECRETARY	KAMLESH P. SHAH	603, WEDNESBURY BLVD.	CHARLOTTE, NC, 28262

REINSTATEMENT

2000-2001

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:

BHADRESH L. SHAH 04-01-01

850-265-3477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(12)

NT BY: OYE CHEM INTL. USA.;

1 704 920 2021;

APR 5-01 11:38AM;

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BRUHASPATI INC.  
DBA PETRO SOUTH  
P.O. BOX: 45  
LYNN HAVEN, FL 32444  
PHONE: 850-265-3477

DATE: 4-4-01

ATT: MR. LEE RIVERS  
DEPT. OF STATE

FAX: 850-410-1015

REF: FED ID 56-2136727  
DOCUMENT NO. F 99000002265

FILED  
01 APR -2 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEAR SIR:

IN REFERENCE TO ABOVE MATTER, WE WOULD LIKE TO ADVISE YOU THAT WE DID NOT RECEIVED ANY FORMS TO FILE REPORT OF LOTTERY ACCOUNT. ALSO, FOR YOUR INFORMATION, WE HAVE SENT CHECK NO. 2118 FOR TOTAL 308.76 USD. AS FEE FOR THE YEAR OF 1999/2000 & 2000/2001.

WE APPRICIATE YOUR HELP IN THIS MATTER. IF YOU HAVE ANY QUESTION, PLEASE DONOT HESITATE TO CONTACT US.

THANKS & REGARDS.

  
BHADRASH SHAH  
PRESIDENT

RECEIVED  
01 APR -5 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA