

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN -6 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J73195

1. Corporation Name

KETAN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

6700 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32810

6700 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32810



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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/18/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2815479

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PATEL, KETAN	5627 BRECKENRIDGE CIRCLE	ORLANDO FL
S	PATEL, BHARATI K	5627 BRECKENRIDGE CIRCLE	ORLANDO FL
VP	PATEL, CHANDRAKANT	1916 OAK TREE ROAD	EDISON NJ 08820
			000002739310--7 -01/13/93--01030--015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

PATEL, KETAN  
4130 SHADE TREE LOOP  
APT. #71  
ORLANDO FL 32810

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date Dec 22 1987

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/88  
Date

407-292-5453  
Daytime Phone #

CS2E040 (9/83)