

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Candice H. Northing Secretary of State

DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 DEC -9 PM 1:18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # J82607

1. Corporation Name  
FLORINDIA, INC.

Principal Place of Business	Mailing Address
1029 HWY 98 E DESTIN FL 32541	1029 HWY 98 E DESTIN FL 32541



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7/13/1987	
City & State		City & State		5. FEI Number	
Zip		Country		59-2824711	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for 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
D	CHAUHAN, PRAVIN	333 MIRACLE STRIP PKWY	FT. WALTON BEACH FL
SGM	PATEL, NARENDRA	1029 HWY 98 E	DESTIN FL
			100002025621--9 -12/11/96--01025--002 ****375.00 ****375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CHAUHAN, PRAVIN 333 MIRACLE STRIP PARKWAY FT. WALTON BEACH FL 32548		Name NARENDRA PATEL Street Address (P.O. Box Number is Not Acceptable) 1029 HWY 98 E Suite, Apt. #, Etc. City DESTIN State FL Zip Code 32541	

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: Narendra Patel Sec/G.M. Date: 10/23/96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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: Narendra Patel NARENDRA PATEL 10/23/96 904 837 2579  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E040 (7/96)