

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Candice B. 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

1029 HWY 98 E.
DESTIN FL 32541

Mailing Address

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 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 |
|------------|-------------------------------------|---|-----------------------|
| 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

CHAUHAN, PRAVIN
333 MIRACLE STRIP PARKWAY
FT. WALTON BEACH FL 32548

9. Name and Address of New Registered Agent

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
REGISTERED AGENT MUST SIGN

Date 10/23/96

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)(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:

Narendra Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/96 904 837 2594
Date Daytime Phone #