

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	FLORIDA DEPARTMENT OF STATE
	Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J82607

1. Corporation Name

Florindia, Inc.

WU-22593

2. Principal Office Address

1029 Hwy 98 E

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32541

Country

US

3. Mailing Office Address

1029 Hwy 98 E

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32541

Country

US

FILED

Oct 12, 2001 8:00 A.M.  
Secretary of State

REINSTATEMENT 99-01

4. Date Incorporated or Qualified  
- To Do Business in Florida

7/13/87

5. FEI Number

59-2824711

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

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

400004670944-6

11/07/01 01055-014

\*\*\*1050.00 \*\*\*1050.00

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

REGISTERED AGENT MUST SIGN

Date 10/4/01

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		City / State / Zip	
	Street Address of Each Officer and/or Director			
D	Pravin Chauhan		100 Miracle Strip Pkwy Ft Walton Bch, FL 32548	
S	Narendra Patel		1029 Hwy 98 E Destin, FL 32541	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/24/01

850.837.4667