

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J82607

1. Corporation Name

Florindia, Inc.

2. Principal Office Address - No P.O. Box #

1029 Hwy 98 E.

Suite, Apt. #, etc.

City & State

Destin, FL

Zip
32541

Country
USA

3. Mailing Office Address

1029 Hwy 98 E.

Suite, Apt. #, etc.

City & State

Destin

Zip
32541

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/13/1987

5. FEI Number
59-2824711

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Patel, Narendra

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

1029 Hwy 98 E.

Suite, Apt. #, Etc.

City
Destin

State
FL

Zip Code
32541

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0535 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/9/07

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
D	Pravin Chauhan	1029 Hwy 98 E.	Destin, FL 32541
S	Narendra Patel	1029 Hwy 98 E.	Destin, FL 32541

REINSTATEMENT

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 contained in Chapter 119, 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

4/9/07

Daytime Phone #

FILED
2007 APR 20 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/30/07--01001--015 **1050.00

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