

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K92917 1. Entity Name NEILKANTH INVESTMENTS INCORPORATED	
---	---

Principal Place of Business 2222 HIGHWAY 71 MARIANNA, FL 32448 US	Mailing Address 2222 HIGHWAY 71 MARIANNA, FL 32448 US
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
---	---

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PATEL, MADHU S 2222 HIGHWAY 71 MARIANNA, FL 32448				Name Street Address (P.O. Box Number is Not Acceptable) City			
				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<div style="font-size: 1.2em; font-weight: bold;">300137855783</div> <div style="font-size: 0.8em;">11/12/08--01045--004 **150.00</div>			
NAME	PATEL, MADHU S	NAME					
STREET ADDRESS	2222 HIGHWAY 71	STREET ADDRESS					
CITY-ST-ZIP	MARIANNA, FL 32448	CITY-ST-ZIP					
TITLE	SDV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PATEL, RAJIV L	NAME					
STREET ADDRESS	5847 CRUMP CT	STREET ADDRESS					
CITY-ST-ZIP	SAN JOSE, CA 95120	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: 11/13/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
08 NOV 12 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

2011/14