

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 SEP 18 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10319

1. Corporation Name

MARY AND VISHNU, INC

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

1617 N. ATLANTIC AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

DAYTONA Bch, FL

City & State

u

Zip

32118

Country

VOLOSIA

Zip

11

Country

11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/21/89

5. FEI Number

59-2968908

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

VISHNU & VEIRMA HARRIPERSAUD

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

1617 N. ATLANTIC AVE

Suite, Apt. #, Etc.

DAYTONA Bch,

City

State

FL

Zip Code

32118

600264490866
09/18/14--01039--002 **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

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
PRESIDENT	VISHNU HARRIPERSAUD	1617 N. ATLANTIC AVE, Daytona	Daytona Bch, FL 32118
TREASURER	VEIRMA HARRIPERSAUD	1617 N. ATLANTIC AVE, Daytona Bch,	32118
REINSTATEMENT			
SEP 18 2014			
R. HUNT			

10. E-mail Address: DEBI & BUSINESS CONTROL SERVICES . WET

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Veirma Harripersaud VEIRMA HARRIPERSAUD

Date

Daytime Phone #

386 -
453 -
3355