

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 90-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 APR 16 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L21683

1. Corporation Name
Bhavin Enterprises, Inc.

Principal Place of Business	Mailing Address
4041 SW 13th Street Gainesville FL 32608	4041 SW 13th Street Gainesville FL 32608

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable N/A Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable N/A Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 10/6/89	
City & State		City & State		5. FEI Number 59-3017903	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
P S T	Kirit R. Patel	14 Mercer Street	Edison NJ 08820
VP	Indira Patel	14 Mercer Street	Edison NJ 08820
			600002148076--3 -04/18/97--01098--002 ***1706.25 ***1706.25

REINSTATEMENT 90-97
A. Alan
4/16/97

8. Name and Address of Current Registered Agent Kirit R. Patel 14 Mercer Street <i>Same as above</i> Edison NJ 08820		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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10. 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 *Kirit Patel* Date *4/14/97*
REGISTERED AGENT MUST SIGN

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: *Kirit Patel* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *4/14/97* Daytime Phone # *Rebecca @ T. Allen Crouch Law Offices (352) 572-1011*

CP2E040 (12/96)