

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **L38853**

1. Corporation Name

SAINI ENTERPRISES INC

Principal Place of Business

Mailing Address

**3260 U.S. HWY 98 N.
LAKE LAND FL. 33805**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0159566

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	SARMUKH S. SAINI	6221 99TH ST. E.	BRADENTON FL. 34202
Secty	SATINDER SAINI	5835 MALLARD DR.	LAKE LAND FL. 33809
Treasurer	SATINDER SAINI	5835 MALLARD DR.	LAKE LAND FL. 33809

600002666086-4
10/19/98-01002-023
*****900.00 ***900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SARMUKH S. SAINI
6221 99TH ST. E.
BRADENTON FL. 34202

Name

SATINDER SAINI

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

5835 MALLARD DR.

Suite, Apt. #, Etc.

City

LAKE LAND

State

Zip Code

FL

33809

10. I, 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

REGISTERED AGENT MUST SIGN

Date **10/10/1998**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/1998

Date

Daytime Phone #

FILED

98 OCT 13 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-98
AD

1989

CR25040 (7-98)