

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 22 AM 9:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L40260**

1. Corporation Name

AMIN AND PATEL INVESTMENTS, INC.

Principal Place of Business

% VIJAY AMIN
8050 NORTH ATLANTIC AVENUE
CAPE CANAVERAL FL 32920

Mailing Address

% VIJAY AMIN
8050 NORTH ATLANTIC AVENUE
CAPE CANAVERAL FL 32920

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1999

5. FEI Number

59-3005634

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
MD	AMIN, VIJAY	8050 N. ATLANTIC AVE.	CAPE CANAVERAL FL
SVT	PATEL, HARSHAD	8050 N. ATLANTIC AVE.	CAPE CANAVERAL FL
MD	PATEL, HARSHAD	8050 N. ATLANTIC AVE.	CAPE CANAVERAL FL
			100002014711--1 -11/26/96--01111--022 ****175.00 ****175.00
			100002014711--1 -11/26/96--01111--023 ****200.00 ****200.00

8. Name and Address of Current Registered Agent

AMIN, VIJAY
8050 NORTH ATLANTIC AVENUE
CAPE CANAVERAL FL FL 32920

9. Name and Address of New Registered Agent

Name

HARSHAD PATEL

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

8050 N. ATLANTIC AVE

Suite, Apt. #, Etc.

City

Cape Canaveral

State

FL

Zip Code

32920

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

9-25-96

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)(ii), 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 REQUIRED

9-25-96

407-784-6652

Date

Daytime Phone #