

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 SEP 10 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L50301

1. Corporation Name

Patel - Shah, Inc.

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

3410 N. Andrews Ave. Ext.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip

33064

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/1990

5. FEI Number

650334280

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
YES

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bharat R. Shah

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

5640 N. E. Trieste Terrace

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

400251580784  
09/10/13--01031--002 \*\*8.75

400251580784  
09/10/13--01031--001 \*\*2550.00

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

*Bharat R. Shah*

REGISTERED AGENT MUST SIGN

Date 9/9/13

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
PD	Bharat R. Shah	5640 N.E. Trieste Terrace	Boca Raton, FL 33487
SD	Sunita B. Shah	5640 N.E. Trieste Terrace	Boca Raton, FL 33487
			K. ASHTON

10. E-mail Address: bshah@shahdrotos.com

(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:**

*Bharat R. Shah*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/13

Date

954/943-9433 - Ext. 225

Daytime Phone #