

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # L80329

03 OCT 14 PM 2:37

1. Corporation Name

GANDHI BROTHERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1203 HYPOLUXO ROAD
LANTANA FL 33462

1203 HYPOLUXO ROAD
LANTANA FL 33462

JA



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

REINSTATEMENT 2003

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0204773

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	PATEL, NIRANJANKUMAR V	1203 HYPOLUXO ROAD	LANTANA FL 33462
DVP	PATEL, SHARMISTA	1203 HYPOLUXO ROAD	LANTANA FL 33462

100023833381
10/15/03--01087--011 **758.75

8. Name and Address of Current Registered Agent

PATEL, NIRANJANKUMAR V
1203 HYPOLUXO ROAD
LANTANA FL 33462

9. Name and Address of New Registered Agent

Name PATEL, NIRANJANKUMAR V
C DISCOUNT BEVERAGE
Street Address (P.O. Box Number is Not Acceptable)
1203 HYPOLUXO ROAD
Suite, Apt. #, Etc.
City LANTANA State FL Zip Code 33462

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. or 617.0505, F.S.

Signature of
Registered Agent

Niranjan Patel

REGISTERED AGENT MUST SIGN

Date 10/12/03

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., 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:

Niranjan Patel

NIRANJANKUMAR
10/12/03

561-582-9244
561-312-5841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)