

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 10 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004684

1. Corporation Name

GUJARATI SOCIETY OF GREATER ORLANDO, INC.

2. Principal Office Address

4008 MAGUIRE BLVD

Suite, Apt. #, etc.

STE. 5307

City & State

ORLANDO, FL

Zip

32803

Country

ORANGE

3. Mailing Office Address

4008 MAGUIRE BLVD.

Suite, Apt. #, etc.

STE. 5307

City & State

ORLANDO, FL

Zip

32803

Country

ORANGE

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/17/2000

5. FEI Number

59-3659548

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

300024526853

11/07/03--01106--003 **175.00

7. Name and Address of Current Registered Agent

Name

KSHITIJ SHUKLA, CPA

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

4008 MAGUIRE BLVD.

Suite, Apt. #, Etc.

STE 5307

City

ORLANDO

State

FL

Zip Code

32803

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

Kshitij Shukla
REGISTERED AGENT MUST SIGN

Date

10/30/03

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
P	PURNIMA PAINTER	7717 TURKEY LAKE ROAD	ORLANDO, FL 32819
VP	NARENDRA DHARIA	6049 LADY BET DRIVE	ORLANDO, FL 32819
S	ARVIND PATEL	7400 SOUTHLAND BLVD. # 109	ORLANDO, FL 32809

10. 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

ARVIND PATEL, SECT.

10/30/2003 407-816-3566

Date

Daytime Phone #

CR2E081 (10/02)