

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 MAR 22 AM 9:00

TALLAHASSEE, FLORIDA

**DOCUMENT # N03000005250**

1. Corporation Name

**CENTSOFRELIEF, INC.**

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

**441 Prairie Lake Cove**

Suite, Apt. #, etc.

City & State

**Altamonte Springs**

Zip

**FL**

Country

**USA**

3. Mailing Office Address

**109 Church Street**

Suite, Apt. #, etc.

**#202**

City & State

**New Haven, CT**

Zip

**06510**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/18/2003**

5. FEI Number

**43-2019149**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Anup Patel**

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

**441 Prairie Lake Cove**

Suite, Apt. #, Etc.

City

**Altamonte Springs**

State

**FL**

Zip Code

**32701**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **3/17/2010**

REGISTERED AGENT MUST SIGN

**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	Anup Patel	441 Prairie Lake Cove	Altamonte Springs, FL 32701
V	Rina Patel	109 Church Street, #202	New Haven, CT 06510
D	Christine Garg	284 20th Street, Apt 3B	Brooklyn, NY 11215

10. E-mail Address: cor@centsofrelief.org

(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., 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.

SIGNATURE:

Rina Patel

3/17/2010

781-325-3915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell MAR 22 2010

Hello,

Included with this reinstatement application for our Nonprofit Corporation is a check for \$ 437.50 which is for the 7 years dissolved at \$61.25 per year. We also added \$8.75 for a certificate of status. We never received any notifications and are now in realization of this issue so we have requested a waiver for the reinstatement fee of our Nonprofit Corporation. Going forward we will ensure to do our own yearly check to ensure this does not occur.

For any questions please feel free to contact Rina Patel, 781-325-3915, email: [cor@centsofrelief.org](mailto:cor@centsofrelief.org) or via our mailing address below. Please ensure any correspondence is sent to the below address unless we formally make any changes/updates via your address change process.

CentsofRelief, Inc.  
109 Church Street, #109  
New Haven, CT 06510

Thank you!

A handwritten signature in black ink, appearing to read 'Rina Patel', with a large, stylized flourish at the end.

Rina Patel