

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

06 MAR 30 AM 11:52

DOCUMENT # N99000003384

**1. Corporation Name**

Cyranati Samaj of Tampa Bay, Inc.

**2. Principal Office Address**

1307 E. Hillsborough Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33604

Country

Hillsborough

**3. Mailing Office Address**

1307 E. Hillsborough Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33604

Country

Hillsborough

**300073765253**  
05/03/06--01001--009 \*\*367.50

CR2E081 (12/05)

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

05/27/1999

**5. FEI Number**

59-3585942

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

Parimal Butala

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

1307 E. Hillsborough Ave

Suite, Apt. #, Etc.

0

City

Tampa

**REINSTATEMENT**

01/06

State

FL

Zip Code

33604

**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

Parimal A. Butala

REGISTERED AGENT MUST SIGN

Date 3/28/06

**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
<u>Pres.</u>	<u>Parimal Butala</u>	<u>1307 E. Hillsborough Ave</u>	<u>Tampa, FL 33604</u>
<u>VP</u>	<u>Dinesh Gandhi</u>	<u>8848 Kents Drive</u>	<u>Hudson, FL 34667</u>
<u>T</u>	<u>Kamlesh H. Patel</u>	<u>1211 N. Westshore Blvd Suite 100</u>	<u>Tampa, FL 33607</u>

**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 contained in Chapter 119, 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:**

Parimal A. Butala  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Date

Daytime Phone #