

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE			
CORPORATION REINSTATEMENT		Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000007501			
1. Corporation Name PATEL FAMILY FOUNDATION, INC.			
2. Principal Office Address 3100 N. OCEAN BLVD. Suite, Apt. #, etc. UNIT B2209 City & State FT. LAUDERDALE, FL Zip 33308		3. Mailing Office Address 3100 N. OCEAN BLVD. Suite, Apt. #, etc. UNIT B2209 City & State FT. LAUDERDALE, FL Zip 33308	
4. Date Incorporated or Qualified To Do Business in Florida 12/21/99		5. FEI Number 65-0969490	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name KIRIT N. PATEL			
Street Address (P.O. Box Number is Not Acceptable) 3100 N. OCEAN BLVD.			
Suite, Apt. #, Etc. UNIT B2209			
City FT. LAUDERDALE			
State FL			
Zip Code 33308			
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 K.N. Patel		Date 08/07/01	
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
DP	KIRIT N. PATEL	3100 N. OCEAN BLVD., UNT B2209	FT. LAUDERDALE, FL 33308
DV	KALPANA K. PATEL	3100 N. OCEAN BLVD., UNT B2209	FT. LAUDERDALE, FL 33308
DS	AVANI K. PATEL	3100 N. OCEAN BLVD., UNT B2209	FT. LAUDERDALE, FL 33308
DT	MITESH K. PATEL	3100 N. OCEAN BLVD., UNT B2209	FT. LAUDERDALE, FL 33308
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: K.N. Patel		Date 08/07/01	Daytime Phone # 954-375-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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State
FL

Zip Code
33308

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