

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 25 PM 3:48

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000000052

1. Corporation Name

KISHAN WINE & SPIRITS, INC.

2. Principal Office Address

3386 N. US HWY 17

Suite, Apt. #, etc.

City & State

YULEE, FL

Zip

32097-2233

Country

3. Mailing Office Address

3386 N. US HWY 17

Suite, Apt. #, etc.

City & State

YULEE, FL

Zip

32097-2233

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 3, 2000

5. FEI Number

58-3616022

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

JOGIN DALAL

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

3386 N. US HWY 17

Suite, Apt. #, Etc.

City

YULEE

State

FL

Zip Code

32097-2233

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

X *[Signature]*

Date 3/21/02

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
PRES	SHILPA N. PATEL	P.O. BOX 96	KINGSLAND, GA 31548
SEC	NITIN C. PATEL	P.O. BOX 96	KINGSLAND, GA 31548
VP	JOGIN DALAL	3386 N. US HWY 17	YULEE, FL 32097

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: X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOGIN.O.DALAL

Date

3/21

Daytime Phone #

904-225-9102

904-225-9102

CR2081 (9/01)

March 19, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

Re: Kishan Wine & Spirits, Inc.

Enclosed is the reinstatement application for **KISHAN WINE & SPIRITS, INC.**, along with a reinstatement fee in the amount of \$450.00.

We request waiver of this reinstatement fee for the following reason:

In conversation with your office by our accountant, it was stated that the renewal notice, and the notice of dissolution had been mailed to the address shown on the reinstatement application. However, no one at this address has ever received any notice(s), for if we had, they would have been returned promptly.

Thank you for your kind consideration in this matter.

Sincerely
KISHAN WINE & SPIRITS, INC.



Jogin Dalal

Encl.