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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

CORPORATION REINSTATEMENT
2007-2010

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000017523

1. Corporation Name
SHIVANI, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2939 Cleveland Ave	3345 FOWLER ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers, FL	City & State: FORT MYERS, FL
Zip: 33901 Country:	Zip: 33901 Country: US

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1013303 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: PATEL, VAISHALI

Street Address (P.O. Box Number is Not Acceptable): 2939 CLEVELAND AVE

Suite, Apt. #, Etc.:

City: FORT MYERS State: FL Zip Code: 33901

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REINSTATEMENT 07-10

12/14/10

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of Registered Agent: Vaishali Patel
REGISTERED AGENT MUST SIGN

Date: 12-9-10

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
D	PATEL, VAISHALI	2939 Cleveland Ave	FORT MYERS FL 33901
D	PATEL, MANISH	2939 Cleveland Ave	FORT MYERS, FL 33901

10. E-mail Address: MVpatel29@yahoo.com
(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: Vaishali Patel — mvpatel29@yahoo.com
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #