

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000033566**

1. Corporation Name

SHRI GANESH TITTO CORPORATION

Principal Place of Business

**11900 HARBOR COVE DRIVE SOUTH
JACKSONVILLE FL 32225**

Mailing Address

**11900 HARBOR COVE DRIVE SOUTH
JACKSONVILLE FL 32225**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/2000

5. FEI Number

59-3637209

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/p	MODY, SUNIL	11900 HARBOR COVE DRIVE SOUTH	JACKSONVILLE FL 32225
D/vp	MODY, DHARATI	11900 HARBOR COVE DRIVE SOUTH	JACKSONVILLE FL 32225

500004672755--3
-11/08/01--01061--002
******150.00 ****150.00**

8. Name and Address of Current Registered Agent

ROWE AND ROWE, P.A.
9471 BAYMEADOWS RD., SUITE 203
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

By:

REGISTERED AGENT MUST SIGN

Date **10/16/2001**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/01 (904) 716-0411

CR2EW40 (8/01)

LIBERTY SHELL

247-EAST 20TH ST
JACKSONVILLE-FL32206
PH-(904)355-0181

October 16, 2001

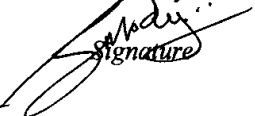
Regarding:

Corporation Name: SHRI GANESH TITTO CORPORATION
Document Number:00000033566

To whom it May concern

I Sunil Mody President of SHRI GANESH TITTO CORPORATION have not recieved an Application and was not aware of the fee. This was first time mistake happen by me or my corporation so, I will really appreciate if you wave the Reinstatement Fee.

Sincerely,


Signature