

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000043141

1. Corporation Name

NMR MEHTA, INC.

Principal Place of Business

1035 ELK WAY  
OLDSMAR FL 34677

Mailing Address

1035 ELK WAY  
OLDSMAR FL 34677

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

2. New Principal Office Address, If Applicable

16451 GULF BLVD  
N. REDINGTON BEACH  
FLORIDA  
33708

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/2000

5. FEI Number

59-3641920

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)

1

Name of Officers  
and/or Directors

PSTD

MEHTA, MAYANK J

3

Street Address of Each  
Officer and/or Director

1035 ELK WAY

4

City / State / Zip

OLDSMAR FL 34677

800005892778--3

06/20/02 01080 005

\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

MAYANK MEHTA

Street Address / P.O. Box Number (if Not Applicable)

16451 GULF BLVD

Suite, Apt. #, Etc.

City

N. Redington Beach

State

FL

Zip

33708

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

REGISTERED AGENT MUST SIGN

Date

3/10/02

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 #

MAYANK MEHTA 3/10/02

CR2E040 (8/01)