

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR 25 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000046845

1. Corporation Name

JITENDRA ENTERPRISES, INC.

REINSTATEMENT 01-05

2. Principal Office Address

3205 SW PT. ST. LUCIE  
BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

3205 SW PT. ST. LUCIE  
BLVD

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

Zip

34953

Country

U.S.A.

City & State

PORT ST. LUCIE, FL

Zip

34953

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/10/2000

5. FEI Number

65-1026948

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

NIRANTAN PATHAK

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

332 NW STRATFORD LANE

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34983

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

REGISTERED AGENT MUST SIGN

Date

3/23/2005

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
P/D	JITENDRA K. PRATAPI	690 SW HILLSBORO CIR	PT. ST. LUCIE, FL 34953
VP/D	BIADNA J. PRATAPI	690 SW HILLSBORO CIR	PT. ST. LUCIE, FL 34953
			200049885702
			04/05/05--01008--005 **1358.75
			5/11

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:

JITENDRA PRATAPI

JITENDRA PRATAPI 3/23/05 7723442237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)