

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000079126

1. Corporation Name

PRERAK, INC.

Principal Place of Business

2907 SW 2ND STREET
GAINESVILLE FL 32601

Mailing Address

2907 SW 2ND STREET
GAINESVILLE FL 32601

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/22/2000

5. FEI Number

59-3666324

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
1	2	3	4
PD	PATEL, MEHUL	2907 SW 2ND STREET	GAINESVILLE FL 32601
VPD	PATEL, HEMANA B	2907 SW 2ND STREET	GAINESVILLE FL 32601

500004717155--3
-12/10/01--01098--019
****150.00 ****150.00

8. Name and Address of Current Registered Agent

PATEL, MEHUL
2907 SW 2ND STREET
GAINESVILLE FL 32601

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

Date

REGISTERED AGENT MUST SIGN

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 #

10/12/01

FILED

01 NOV 14 PM 3:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E040 (8/01)

202

D.M. Smith & Company

Certified Public Accountants

2531-A NW 41st Street

Gainesville, FL 32606

352-377-5566

October 12, 2001

Florida Department of State
Division of Corporations
Annual Report/ Reinstatement Section
P.O.Box 6327
Tallahassee, FL 32314-6327

RE: PRERAK, INC.

Dear Ms. Harris:

Pursuant to late filing of the Annual Report/Reinstatement, we are writing to request a waiver of the proposed penalty for late filing for reasonable cause.

This is the initial year for the corporation and the shareholders are young resident aliens from India. They have come to our firm and have been in compliance with all other filings for income and payroll taxes but were unaware of the need to file this annual report.

In fact, they have told us they did not get the other notifications.

We will assist them and prompt them for the necessary filing requirements in the future.

Please accept the \$150 in payment for the annual report and waive the penalty. The penalty would be a hardship on the new entity.

Please advise the taxpayer of your decision.

Sincerely,

D.M. Smith & Company

Certified Public Accountants

Dennis M. Smith, CPA