

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

DOCUMENT # P00000081964

1. Corporation Name

PUSHTI CORPORATION, INC.

Principal Place of Business

Mailing Address

7919 COURTLEIGH DRIVE
ORLANDO FL 32835

7919 COURTLEIGH DRIVE
ORLANDO FL 32835

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

08/25/2000

5. FEI Number

59-3733762

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PARIKH, MAHENDRA V	7919 COURTLEIGH DRIVE	ORLANDO FL 32835
D	PARIKH, MANISH	7919 COURTLEIGH DRIVE	ORLANDO FL 32835
D	PARIKH, AMISH	7919 COURTLEIGH DRIVE	ORLANDO FL 32835
D	PARIKH, MANSA	7919 COURTLEIGH DRIVE	ORLANDO FL 32835

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARIKH, MAHENDRA V
7919 COURTLEIGH DRIVE
ORLANDO FL 32835

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 #

10-24-2001

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Peter J. Freuler, P.A.

CERTIFIED PUBLIC ACCOUNTANT

231 N. John Young Parkway
Kissimmee, FL 34741
(407) 847-6600
Fax: (407) 847-5921

Florida Department of State
Division of corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Dissolution of Radheshyam Corporation, Inc. #P00000082032
Dissolution of Pushti Corporation, Inc. # P00000081964

Dear Sirs:

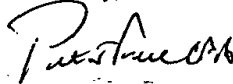
In June 2001 the above referenced corporations responded to a department request asking for the federal identification numbers and directors of these corporations. The fee for the annual report was paid in May 2001. This reply was submitted in June 2001.

In October 2001 the corporation received a notice of dissolution. We ask that these corporations be reinstated since all material requested was supplied. We have again supplied the requested information.

Please notify the corporation in writing of their reinstatement.

Thank you for your cooperation in this matter.

Sincerely,



Peter J Freuler, CPA