

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR - 11 PM 4:00

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P00000100286

1. Corporation Name **ARATI INC**  
**D/B/A - ORANGE BLOSSOM FOOD STORE**

2. Principal Office Address  
**724 E Broadway st**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**724 E Broadway st**  
Suite, Apt. #, etc.

City & State  
**Ft. Meade, FL**

City & State  
**Ft. Meade, FL**

Zip  
**33841**  
Country  
**POLK**

Zip  
**33841**  
Country  
**POLK**

4. Date Incorporated or Qualified  
To Do Business in Florida **10-25-00**

5. FEI Number  
**59-3679854**  
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 **Nalin Patel**  
Street Address (P.O. Box Number is Not Acceptable) **3914 Derby dr**  
Suite, Apt. #, Etc.  
City **LAKELAND, FL**  
State **FL** Zip Code **33809**

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

*[Signature]*

Date **APRIL 8<sup>th</sup> 2002**

REGISTERED AGENT MUST SIGN

**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
PRESIDENT	NALIN PATEL	3914 Derby dr	Lakeland, FL, 33809
VICE PRESIDENT	SUREKHA PATEL	607 Edgewood dr N	Ft. Meade, FL 33841
SECRETARY	SANGITA PATEL	607 Edgewood dr N	Ft. Meade, FL 33841

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:

*[Signature]*

**Nalin Patel President**

**APRIL 8<sup>th</sup> 2002 (863) 285-8307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

DATE: April 8, 2002

TO: CORPORATION REINSTAMENT DEPARTMENT

CORPORATION NAME: ARATI INC

DOING BUSINESS AS: ORANGE BLOSSOM FOOD STORE

DOCUMENT NO: P00000100286

ADDRESS: 724 E BORADWAY ST

FORT MEADE, FL 33841

Dear Sir or Madam:

As we find out that our corporation status is inactive because of we has not pay fee for last year and this year. We never receive any mail from you at our corporation address that's why we were unavailable to answer your mail.

So I am sending a \$300.00 check with this latter. I would like to request you to waive all penalties that we don't know about it. I am sending reinstament. That way we can get all new mail at our new address. I am also apologies for inconvenient.

Thank you.



NALIN PATEL  
PRESIDENT