


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 14 AM 9:14

DOCUMENT # P00000100726

1. Corporation Name

NARAYANI PROPERTIES, INC.

Principal Place of Business

Mailing Address

9720 CAMBERLEY CR.
ORLANDO FL 32836

9720 CAMBERLEY CR.
ORLANDO FL 32836



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

10/25/2000

5. FEI Number

59-3678773

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
DIR	Preeti M. Suchde	9720 Camberley CR	Orlando FL 32836

800004739668--6

-12/26/01--01090--015

***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUCHDE, PREETI M
9720 CAMBERLEY CR.
ORLANDO FL 32836

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

P. Suchde

Date

12/21

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:

P. Suchde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/01

Date

Daytime Phone #

CR26040 (8/01)

NARAYANI PROPERTIES, INC.
9720 CAMBERLEY CR.
ORLANDO, FL 32836

September 20, 2001

Fl. Dept. of State
Division of Corporation,
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir/Madam:

Please be advised that the review of our records indicate that we were not in receipt of the annual corporate renewal form from your office. Upon discussion with your office, and with there suggestion, we enclose the copy of the Corporation Reinstatement form with the check in the amount of \$ 150.00 representing the amounts for the period ending 2001.

Kindly accept our report and waive any penalties associated with such filing. Your uppermost attention to this matter is appreciated.

Sincerely,



Preeti M Suchde, President