

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -9 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110290

1. Corporation Name

SURYANARAYAN CORPORATION

2. Principal Office Address

201 A COMMONWEALTH
Suite, Apt. #, etc. BLVD

3. Mailing Office Address

201 A COMMONWEALTH
Suite, Apt. #, etc. BLVD

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

Zip

32127

Country

Volusia

Zip

32127

Country

Volusia

REINSTATEMENT 03-05
CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/28/2000

5. FEI Number

59-3685670

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

DILIPKUMAR PATEL

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

201 A COMMONWEALTH BLVD

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32127

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

X *[Signature]*

Date

11-08-05

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
P. VP, S. I	DILIPKUMAR PATEL	201 A COMMONWEALTH BLVD	PORT ORANGE FL 32127

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:

X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-08-05

Daytime Phone #

Suryanarayan Corporation
201 Commonwealth Avenue
Port Orange, FL 32127

November 7, 2005

Florida Dept. of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Find enclosed a check for \$ 450.00 to cover the annual fee for 2003, 2004 and 2005. We did not receive the annual report forms after moving in 2002. Please waive all penalties associated with this oversight. Thank you.

Sincerely,

Dilipkumar Patel

A handwritten signature in black ink, appearing to read 'Dilip Patel', written in a cursive style.