

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 15 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700005610857--7
-05/27/02--01002--018
****300.00 ****300.00

DOCUMENT # P00000114459

1. Corporation Name

Shaylee Corporation

2. Principal Office Address

2285 SW 3rd Court

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Okeechobee FL

Zip

34974

Country

U.S.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

December 11, 2000

5. FEI Number

65-1069140

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

Lois Gray

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

104 SW 3rd Avenue

Suite, Apt. #, Etc.

City

Okeechobee

State
FL

Zip Code

34974-4217

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

Lois Gray

REGISTERED AGENT MUST SIGN

Date 05-10-2002

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
PS	Pragna Mehta	2285 SW 3rd Court	Okeechobee, FL 34974
VPT	Pratul Mehta	2285 SW 3rd Court	Okeechobee, FL 34974

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:

Pratul Mehta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-02 863 467 0666

Date

Daytime Phone #

CR2001 (9/01)

PROFESSIONAL BUSINESS SERVICE

104 SW 3RD AVENUE

OKEECHOBEE, FL. 34974-4217

MAY 13, 2002

Division of Corporations
Reinstatement Division
409 E. Gaines Street
Tallahassee, FL. 32399

Dear Sir:

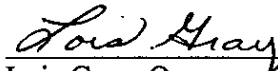
Re: Shaylee Corporation
Document Number: P00000114459

We are asking for a waiver of penalty as Praful Mehta says he did not receive the 2001 Uniform Business form in order for him to pay the required \$150.

His first notice that anything was wrong was when the Florida Lottery would not honor his Retailer Application.

Ms. Michelle Milligan told me at 4:50 PM on May 13th, 2002 for Mr. Mehta to send in \$300 for the two years.

Sincerely yours,


Lois Gray, Owner