

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -4 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021966

1. Corporation Name

ASHIRVAJ INC
DBA: ASHIRVAJ FOOT MART

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3013, Tumiami TRAIL

3013, Tumiami TRAIL

City & State

City & State

Portcharlotte, FL

Portcharlotte, FL

Zip

Country

Zip

Country

33952

U.S.A.

33952

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

7-23

5. FEI Number 99-3711798

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patel Pavin

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

6730, 52nd Way North

Suite, Apt. #, Etc.

000013516670
03/04/03-01067-024 **317.5

City

Pinellas Park

State

FL

Zip Code

33781

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

Pavin P. Patel

REGISTERED AGENT MUST SIGN

Date 2-27-03

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

Pavin P. Patel

6730, 52nd Way North

Pinellas Park, FL-33781

Secretary

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:

Pavin P. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-03

Date

Daytime Phone #

CR2E081 (10/02)