PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 19 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION 02 UBL

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

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****150.00 ****150.00

DOCUMENT # P01000042359

1. Corporation Name
AKSHAR OF SOUTHWEST FLORIDA INC.
D/B/A A1A DISCOUNT BEVERAGES 101

2. Principal Office Address	**3.** Mailing Office Address
12555 COLLIER BLVD #3	3840 CENTRAL AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. #201
City & State NAPLES FL	City & State FT. MYERS FL
Zip 34116 Country USA	Zip 33901 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4-26-01

5. FEI Number 65-1114739 ☐ 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: ARVIND P. PATEL

Street Address (P.O. Box Number is Not Acceptable): 3840 CENTRAL AVE

Suite, Apt. #, Etc.: 201

City: FT. MYERS State: FL Zip Code: 33901

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 _____ Date 6-12-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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.	ARVIND P. PATEL	3840 CENTRAL AVE	FT MYERS, FL 33901

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 _____ ARVIND PATEL. 6-12-02 941-939-3635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #