

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000088315**

1. Corporation Name

SHANTOSHI MA, INC.

Principal Place of Business

1197 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411

Mailing Address

1197 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/2001

5. FEI Number

65-1137472

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
MR.	FALDU, ANANT D.	13788 BOTTLEBRUSH CT	WELLINGTON FL 33414
MR.	FALDU, ANANT D.	13788 BOTTLEBRUSH CT	WELLINGTON FL 33414
P	FALDU, Anant D.	123 Meadowlark DR.	ROYAL Palm Beach FL 33411

600024081486
10/24/03--01023--006 **150.00

CR2E040 (7/03)

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name **FALDU, Anant**
Street Address (P.O. Box Number is Not Acceptable)
123 Meadowlark DR.
Suite, Apt. #, Etc.
City **ROYAL Palm Beach** State **FL** Zip Code **33411**

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-20-2003

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-2003 (561)-827-6210

Date

Daytime Phone #

SHANTOSHI MA, INC
1197 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411

TO WHOME IT MAY CONCERN:

I WOULD LIKE TO REQUEST TO REINSTATEMENT
OF MY CORPORATION. I HAD NOT RECEIVED FILING NOTICE
~~AND~~ THIS IS THE ONLY NOTICE I GOT SO I AM SENDING
YOU THE PAYMENT. IF YOU HAVE ANY QUESTION
CALL ME AT (561)-827-86210. ASK FOR ANANT FALDU.

FALDU ANANT (PRESIDENT)

