

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000096559**

1. Corporation Name

JANKI & RADHA INC

2. Principal Office Address

29741 RT 54

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESELEY CHAPEL, FL

City & State

Zip

33543

Country

USA

Zip

Country

PASCO.

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2001

5. FEI Number

59-3749-038

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

SANJAYA N. PATEL.

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

100008753841
11/01/02--01034--012 **750.0

Suite, Apt. #, Etc.

29741 STATE ROAD SAWEST.

City

WESLEY CHAPEL

State
FL

Zip Code

33543

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

Sanjay N Patel

REGISTERED AGENT MUST SIGN

Date **10/29/2002**

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
President	SANJAYA N. PATEL	3114 GULF WINDS CR.	HERNANDO BEACH FL 34607

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:

Sanjay N Patel.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02

Date

(813) 993-2186

Daytime Phone #

CR2E081 (9/01)