

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P02000009592**

1. Entity Name  
**SHREEJI OF WESLEY CHAPEL, INC.**



Principal Place of Business  
**27415 STATE ROUTE 54  
WESLEY CHAPEL, FL 33543**

Mailing Address  
**27415 STATE ROUTE 54  
WESLEY CHAPEL, FL 33543**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

**FILED**  
07 OCT 11 AM 7:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT 07**

10042007 REIN-P CR2E098 (1/07)

4. FEI Number  
**01-0567707**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PATEL, RAJENDRA V  
27415 SR 54 WESLEY CHAPEL  
WESLEY CHAPEL, FL 33543**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P PATEL, RAJENDRA V 27415 SR 54 WESLEY CHAPEL WESLEY CHAPEL, FL 33543</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500110607095 10/11/07--01003--009 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S PATEL, NALINI 27415 SR 54 ZEPHYRHILLS, FL 33543</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** RAJ PATEL, PRES **10-5-07** **813-546-2973**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #