

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000022921

1. Corporation Name

SHRI LAKSHMI CORP

700065568267
02/10/06--01022--019 **317.50

REINSTATEMENT
CR2E081 (12/05)

2. Principal Office Address

4010 - 104 US1 SO.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE FL

City & State

Zip

32086

Country

ST. JOHNS

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6 - 6 - 2

5. FEI Number

03-0406390

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

ASHISH D. MEHTA

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

518 TURNBERRY LANE

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32080

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

Ashish D. Mehta

Date 2-1-06

REGISTERED AGENT MUST SIGN

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
PRE.	ASHISH D. MEHTA	518 TURNBERRY LANE	ST. AUGUSTINE FL-32080
TREAS.	SANGITA A. MEHTA	518 TURNBERRY LANE	ST. AUGUSTINE FL-32080

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 contained in Chapter 119, 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:

Ashish D. Mehta

2-1-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dear Sir.

I did not received any information
from the registered agent or div. of corporations.
about the resignation of the registered agent.

Ashish K. Mehta