

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 12 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 802000025310

1. Corporation Name

Dishi Hospitality Inc.

2. Principal Office Address

1795 NW St Lucie W Blvd

Suite, Apt. #, etc.

City & State

Port St Lucie, FL 34986

Zip 34986

Country

St. Lucie

3. Mailing Office Address

1795 NW St Lucie W Blvd

Suite, Apt. #, etc.

City & State

FL 34986

Zip

34986

Country

St. Lucie

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

3/7/02

5. FEI Number

01-0627670

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

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

Name

Yatin Patel

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

1795 NW St Lucie W Blvd

Suite, Apt. #, Etc.

City

Port St Lucie

State

FL

Zip Code

34986

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

REGISTERED AGENT MUST SIGN

Date

11/9/04

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
D	Yatin Patel	1795 NW St Lucie W Blvd	Port St Lucie, FL 34986

600042695896  
11/12/04--01056--018 \*\*300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/04

Daytime Phone #

772 519 2289

CR2E081 (07/04)

282  
Dish: hospitality Inc.

01-0627670.

Herewith Sending \$ 300.00 For  
2 years. with application.

We never received any notices  
So please waive any penalty that  
have been assessed to us.

Thanking you

Yatin Patel.

Note:- Old Address was  
7050 Oklawaha Road  
Ft. Pierce. FL 34945

(looks like we never received anything  
from this location, i.e forwarding of  
mail)