

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000063565**

**1. Corporation Name**

DIPTI, INC.

**2. Principal Office Address**

2415 NORTH MONROE STREET TALLAHASSEE MALL

Suite, Apt. #, etc.

**City & State**

TALLAHASSEE, FL

**Zip**

32303

**Country**

LEON

**3. Mailing Office Address**

12 DAVIS FARM ROAD

Suite, Apt. #, etc.

C/O BHUNESH GANDHI

**City & State**

CLINTON, CT

**Zip**

06413

**Country**

MIDDLESEX

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/07/2002

**5. FEI Number**

30-0086506

☐ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

05 OCT 12 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900060572789  
10/13/05--01027--004 \*\*1208.75

CR2E061 (8/05) 03-05

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

**Name**

MANAN GANDHI

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

669 EAGLE VIEW CIRCLE

**Suite, Apt. #, Etc.**

**City**

TALLAHASSEE

**State**

FL

**Zip Code**

32311

**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** 10/9/05

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PRESIDENT	MANAN GANDHI	669 EAGLE VIEW CIRCLE	TALLAHASSEE, FL 32311
TREASURER	DIPTI GANDHI	12 DAVIS FARM ROAD	CLINTON, CT 06413
DIRECTOR	BHUNESH GANDHI	12 DAVIS FARM ROAD	CLINTON, CT 06413
SECRETARY	MANAN GANDHI	669 EAGLE VIEW CIRCLE	TALLAHASSEE, FL 32311
DIRECTOR	DIPTI GANDHI	12 DAVIS FARM ROAD	CLINTON, CT 06413
DIRECTOR	MANAN GANDHI	669 EAGLE VIEW CIRCLE	TALLAHASSEE, FL 32311

**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**

10/9/05

**Daytime Phone #**

860-227-5971