

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000067177

1. Corporation Name

PALACE OF INDIA, INC.

Principal Place of Business

Mailing Address

PINE CENTRE PLAZA
506 NE 8TH AVE
OCALA FL 34470

PINE CENTRE PLAZA
506 NE 8TH AVE
OCALA FL 34470

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

506 S. PINE AVE
Suite, Apt. #, etc.
OCALA, FL 34474
City & State

506 S. PINE AVE
Suite, Apt. #, etc.
OCALA, FL 34474
City & State

Zip
34471

Country
MARION

Zip
34471

Country
MARION

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/2002

5. FEI Number

74-3063482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PRASAD, ARTI	1315 SE SILVER SPRINGS PL #7	OCALA FL 34471
VD	SINGH, MANPREET	506 S. PINE AVE 2600 SW 10 ST APT 802 OCALA FL 34474	OCALA FL 34474
SD	SINGH, HARMEET	506 S. PINE AVE 2600 SW 10 ST APT 802 OCALA FL 34474	OCALA FL 34474 34474
TD	SINGH, KRISHNA RANJAN	2285 MILCREEK CIRCLE OCALA FL 34471	OCALA FL 34471
		2285 MILCREEK CIRCLE 300024057823	10/23/03--01089--024 **758.75

8. Name and Address of Current Registered Agent

PRASAD, ARTI
PINE CENTRE PLAZA
506 NE 8TH AVE
OCALA FL 34474

S. PINE AVENUE

9. Name and Address of New Registered Agent

Name

PRASAD ARTI

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

1315 SE SILVER SPRINGS PL #7

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34471

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

ARTI PRASAD
REGISTERED AGENT MUST SIGN

Date

10.14.2003

11. 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:

ARTI PRASAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.14.2003

CR20040 (7/03)