

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -9 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000094260

1. Corporation Name

LAXMIDEVI CORPORATION

REINSTATEMENT 03-04

500028412405
02/09/04--01049--019 **300.00

2. Principal Office Address

4540 MOBILE HWY

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32506

Country

US

3. Mailing Office Address

4540 MOBILE HWY

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32506

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/02

5. FEI Number

47-0887376

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

ARVIND M PATEL

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

4540 MOBILE HWY

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32506

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

Arvind M. Patel

Date 02-01-2004

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
P,D	ARVIND M PATEL	4540 MOBILE HWY	PENSACOLA-FL 32506
V,D	PARESH PATEL	1085 BESSEMER AVE	PRICHARD AL 36610
S,D	HITEN MANUBHAI	5634 TILLMAN'S CORNER PKWY	MOBILE AL 36693
T,D	NIKHIL SHAH	4834 GOVERNMENT BLVD	MOBILE AL 36693

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:

Arvind M. Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/01/2004

Daytime Phone #

850-293-3816

CR2E081 (10/02)

LAXMIDEVI CORPORATION

4540 MOBILE HWY.
Pensacola, Florida 32506
(850) 457-8096

January 30, 2004

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

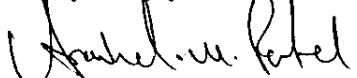
Re: Laxmidevi Corporation. – Reinstatement Application
Document # P02000094260

Dear Sir or Madam:

Enclosed please find the Application for the Reinstatement of Laxmidevi Corporation along with a check in the amount of \$300.00. We respectfully request that the additional fee to reinstate our corporation be waived due to the fact that we did not receive the original annual report form for 2003. Due to my unfamiliarity with the annual reporting requirements for a Florida corporation, I did not realize that I did not receive the annual report for last year until now. Please accept this letter as an explanation and waive the reinstatement fee.

If you have any questions or wish to discuss this matter, please do not hesitate to contact me.

Very truly yours,



Arvind M. Patel
President

/ap
Enclosures