

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR -9 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000095987

**1. Corporation Name**

Shri Ganga, Inc.

**2. Principal Office Address**

1155 W Pipkin Rd

Suite, Apt. #, etc.

City & State

Lakeland Florida

Zip

Country

33811

Polk

**3. Mailing Office Address**

1155 W Pipkin Rd

Suite, Apt. #, etc.

City & State

Lakeland Florida

Zip

Country

33811

Polk

**REINSTATEMENT**

**JB-54**

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

-09/05/02

**5. FEI Number**

11-3649694

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

Som Chand

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

1155 Pipkin Rd

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33811

500030066965

03/09/04--01038--015 \*\*900.00

**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 x

*Som Chand*

REGISTERED AGENT MUST SIGN

Date

3-02-04

**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
PD	Som Chand	1155 Pipkin Rd	Lakeland FL 33811

**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:** x

*Som Chand*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x

3-2-04

Date

x 1813-340-809

Daytime Phone #

CR2E061 (01/04)