

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

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FILED  
03 OCT 21 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000098633**

1. Corporation Name

**GANESHA ENTERPRISES, INC.**

Principal Place of Business

1726 MAIN STREET  
WESTON FL 33326  
US

Mailing Address

1726 MAIN STREET  
WESTON FL 33326  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/12/2002

5. FEI Number

65-0829027

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
P	MIRPURI, GIRISH	1726 MAIN STREET	WESTON FL 33326
S	MURPURI, SANGITA	1726 MAIN STREET	WESTON FL 33326

100023970231  
10/21/03--01062--006 \*\*150.00

8. Name and Address of Current Registered Agent

MIRPURI, GIRISH  
1726 MAIN STREET  
WESTON FL 33326

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Girish Mirpuri*  
REGISTERED AGENT MUST SIGN

Date 10-10-03

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:

*Girish Mirpuri* GIRISH MIRPURI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03  
Date

954-494-2222  
Daytime Phone #

CR2E040 (7/03)



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October 10, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

We would like to process our application for reinstatement of the annual uniform business report and kindly request that the reinstatement fee be waived as to date we have not received our original annual report. As our history shows, we have always filed the said report in a very timely manner. Please find enclosed the fee amount of \$150.00. Should you have any further questions, kindly contact us at (954) 217-8666. Thanking you for your assistance.

Sincerely,



Girish Mirpuri  
President