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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM JUL -8 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0300000676

1. Corporation Name
DEVANSI, INC.

2. Principal Office Address 10651 NARCOSSEE RD		3. Mailing Office Address 10651 NARCOSSEE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32827	Country	Zip 32827	Country

4. Date Incorporated or Qualified
To Do Business in Florida **01/02/2003**

5. FEI Number
26-0060458

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
FALGUNI PATEL

Street Address (P.O. Box Number is Not Acceptable)
10651 NARCOSSEE RD

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32827

100038843831
07/07/04--01072--007 * **150.00**

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 S. H. Patel* Date **07/01/04**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	FALGUNI PATEL	10651 NARCOSSEE RD	ORLANDO, FL 32827

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 S. H. Patel* **07/01/04** *X 407-447-5951*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

DEVANSHI, INC.
10651 NARCOSSEE RD
ORLANDO, FL 32827

JULY 1, 2004

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee FL 32314

Ref:- Document # P0300000676

Sub:- Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned FALGUNI PATEL, President of DEVANSHI, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 2004 on the following grounds.

I never received the Annual Filing Form for 2004, may be lost in the mail or returned to you due to change in the address. Unfortunately, I never realized that I have to pay annual filing fee each year, as this being our first year to pay annual filing fees for the year 2004. I would like to request you to waive the penalty on the basis of lack of knowledge and misunderstandings.

I am enclosing herewith the check of \$150.00 being an annual filing fee for 2004 as an exceptional case. I assure you that this is not going to happen in the future. Please waive the penalty on the basis of lack of knowledge, misunderstanding, and undue hardship on me and my family. Thanking you in advance for your cooperation. Sorry for the inconvenience that may cause to you.

Sincerely,


(FALGUNI PATEL)

encl:- as above

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