

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000062058

1. Corporation Name

DHRUV ENTERPRISES, INC

2. Principal Office Address

401 WEST 4 ST CR. 419

Suite, Apt. #, etc.

3. Mailing Office Address

2522 DOUBLE TREE PLACE

Suite, Apt. #, etc.

City & State

CHULUOTA, FL

City & State

OVIEDO, FL

Zip

32766

Country

SEMINOLE

Zip

32766

Country

SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2003

5. FEI Number

02-0694099

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

MANISHA M. PATEL

300074539283
05/12/06--01067--012 **1098.75

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

2522 DOUBLE TREE PLACE

Suite, Apt. #, Etc.

City

OVIEDO

State
FL

Zip Code

32766

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

Manisha Patel **Manisha Patel**

Date **3/28/06**

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	MANISH H. PATEL	2522 DOUBLE TREE PLACE	OVIEDO, FL 32766
T	MANISHA M. PATEL	2522 DOUBLE TREE PLACE	OVIEDO, FL 32766
VP	HASMUKBHAI R. PATEL	2522 DOUBLE TREE PLACE	OVIEDO, FL 32766
S	DIPIKABEN H. PATEL	2522 DOUBLE TREE PLACE	OVIEDO, FL 32766

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 contained in Chapter 119, 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.

407-359-4007

SIGNATURE:

Manisha Patel **Manisha Patel** **3/28/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #