

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**07 JAN 22 PM 3:58**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000007421**

1. Corporation Name

**SHRI RAJINATH CORPORATION**

**700086471107**  
01/30/07--01004--025 \*\*450.00

2. Principal Office Address - No P.O. Box #

**2245 S. OLD DIXIE HWY**

Suite, Apt. #, etc.

City & State

**Bunnell, FL**

Zip

**32110**

Country

**USA**

3. Mailing Office Address

**2245 S. Old Dixie Hwy**

Suite, Apt. #, etc.

City & State

**Bunnell, FL**

Zip

**32110**

Country

**USA**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**05-0594926**

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

**PRANAV SHAH**

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

**2245 S. Old Dixie Hwy**

Suite, Apt. #, Etc.

City

**Bunnell**

State

**FL**

Zip Code

**32110**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

**PNShah**

Date

**1/19/07**

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
<b>D</b>	<b>PRANAV SHAH</b>	<b>2245 S. Old Dixie Hwy</b>	<b>Bunnell, FL 32110</b>

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.

SIGNATURE:

**PNShah**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/07**

Date

**(732) 429-2738**

Daytime Phone #

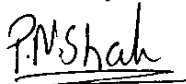
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**To Whom It May Concern:**

I'm sending a Reinstate form for SHRI AADINATH CORP. I'm applying for year 2005, 2006 AND 2007. I apologize for not applying on right time because my ZIP CODE was wrong on the mailing address and I did not receive any card form the state for renewal. So please change my ZIPCODE to 32110. I'm also requesting to waive my reinstatement fee. I'm sending you check for \$450.00 for each year I was not able to apply.

I can be contacted at (732) 429-2738 or (386) 586-5575.

Thank you,

A handwritten signature in black ink, appearing to read "P. M. Shah", with a horizontal line underneath.

**PRANAV SHAH**