

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 15 AM 9:13

DOCUMENT # P04000034768

1. Corporation Name

ABHIRAM INC.

500160670225
09/15/09--01012--009 **750.00

REINSTATEMENT 05-09

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

4005 N. TAMIAMI TRL

3. Mailing Office Address

4021 N. TAMIAMI TRL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34234

Country

U.S.A.

Zip

34234

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

NONE

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

ASHISH PATEL

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

4021 N. TAMIAMI TRL

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34234

☒ 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

Ashish Patel

REGISTERED AGENT MUST SIGN

Date

09/10/09

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
D	PATEL, ASHISH	4021 N. TAMIAMI TRL	SARASOTA FL 34234
D	PATEL, NIMISHA	4021 N. TAMIAMI TRL	SARASOTA FL 34234
D	PATEL, MANHARLAL N	4021 N. TAMIAMI TRL	SARASOTA FL 34234

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:

Ashish Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/09

Date

941-587-3276

Daytime Phone #