

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

10 MAR 29 PM 12:24

DOCUMENT # P04000081741

1. Corporation Name

SWETA PATEL INC

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

3090 JUPITER BLVD

Suite, Apt. #, etc.

City & State

PALM BAY

Zip

32909

Country

U.S

3. Mailing Office Address

3090 JUPITER BLVD

Suite, Apt. #, etc.

City & State

PALM BAY

Zip

32909

Country

U.S

4. Date Incorporated or Qualified  
To Do Business in Florida

05/21/2004

5. FEI Number  
753156654

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

MUKUNDRAY PATEL

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

903 DEL MAR CIR

Suite, Apt. #, Etc.

City

W MELBOURNE

State

FL

Zip Code

32904

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	MUKUNDRAY PATEL	903 DEL MAR CIR	W MELBOURNE FL 32904

10. E-mail Address: dip3711@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

Mukund M Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-25-10

Daytime Phone #

321.727.2446