

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 FEB -5 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000109964

1. Corporation Name

Mahakali, Inc

600087712676
02/08/07--01024--003 **458.75

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
2239 Hwy 19 South

Suite, Apt. #, etc.

3. Mailing Office Address
2239 Hwy 19 South

Suite, Apt. #, etc.

City & State
Perry, FL

Zip
32348

Country
USA

City & State
Perry, FL

Zip
32348

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 07/26/04

5. FEI Number
20-1774327

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
Kirit D Patel

Street Address (P.O. Box Number is Not Acceptable)
2239 Hwy 19 South

Suite, Apt. #, etc.

City
Perry

State
FL

Zip Code
32348

☒ 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. 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 Kirit D Patel
REGISTERED AGENT MUST SIGN

Date 2/1/07

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
Pres	Kirit Patel	1209 N. Jefferson St.	Perry, FL 32347
VP	Dahya Patel	1209 N. Jefferson St.	Perry, FL 32347

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: Kirit D Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/07 850-838-3318

2/2/07