

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000011646

1. Entity Name  
DARVESH PLAZA, INC.



APPROVED  
AND  
FILED

07 DEC -3 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 12-5-07



REINSTATEMENT 07

Principal Place of Business  
134 PINEHURST DRIVE  
NEW ORLEANS, LA 70131

Mailing Address  
134 PINEHURST DRIVE  
NEW ORLEANS, LA 70131

2. Principal Place of Business - No P.O. Box #  
631-37 N GRANDVIEW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
DAYTONA BEACH, FL

City & State

4. FEI Number  
68-0602987

Applied For  
Not Applicable

Zip  
32114

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DODANI, ARJAN  
2521 N. HALIFAX AVENUE  
DAYTONA BEACH, FL 32118

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MANIVANI, JIVAN  
134 PINEHURST DR  
NEW ORLEANS, LA 70131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
O  
MANIVANI, PREM J  
134 PINEHURST DR  
NEW ORLEANS, LA 70131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500112791355  
12/03/07--01078--001 \*\*150.00

TITLE  
NAME  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-07 ✓  
Date

✓ (504) 812-7738  
Daytime Phone #