

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**
**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS
**DOCUMENT # P05000011646**

1. Corporation Name

**DARVESH PLAZA, INC**

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

**631-37 N GRABVIEW**

Suite, Apt. #, etc.

3. Mailing Office Address

**134 PINEHURST DR**

Suite, Apt. #, etc.

City &amp; State

**DAYTONA BEACH, FL**

City &amp; State

**NEW ORLEANS, LA**

Zip

**32114**

Country

Zip

**70131**

Country

7. Name and Address of Current Registered Agent

Name

**ARJAN DODANI**

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

**2521 N HALIFAX AVE**

Suite, Apt. #, Etc.

City

**DAYTONA BEACH**

State

**FL**

Zip Code

**32114**

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 **11/21/2008**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

TITLE	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MANIVANI, JIVAN	134 PINEHURST DR	NEW ORLEANS, LA 70131
O	MANIVANI, PREM J	134 PINEHURST DR	NEW ORLEANS, LA 70131

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 NOV 24 PM 5:38

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA400138238324  
11/24/08--01058--011 \*\*158.75**REINSTATEMENT** 08

4. Date Incorporated or Qualified

To Do Business in Florida **02/02/2005**

5. FEI Number

**68-0602987**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.