

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL -7 PM 12:25

DOCUMENT # P05000039439

1. Corporation Name

Saahil Inc.

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

899 W HWY 50

Suite, Apt. #, etc.

City & State

Clermont FL

Zip

34711

Country

U.S.A.

3. Mailing Office Address

1509 Havendale Blvd.

Suite, Apt. #, etc.

NW

City & State

Winter Haven FL

Zip

33881

Country

U.S.A.

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/15/05

5. FEI Number

03-0557667

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

DHARMENDRA SONI

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

899 W HWY 50

Suite, Apt. #, Etc.

Clermont FL

City

Clermont

State

FL

Zip Code

34711

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

D Soni

Date

7/2/08

REGISTERED AGENT MUST SIGN

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
<u>P.</u>	<u>DHARMENDRA SONI</u>	<u>4726 POINT BONITA LN</u>	<u>Clermont FL 34714</u>

REINSTATEMENT 06-08

B 7/2/08

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07/07/08--01060--022 \*\*450.00

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:

D Soni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/2/08

Daytime Phone #

(352) 394-7884