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
10 JUL 22 PM 2:24

DOCUMENT # P05000073428

1. Corporation Name
VENKATESHAVER INC
[redacted]

REINSTATEMENT
B 7/22/10 07-10

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1717 N. ATLANTIC AVE	1717 N. ATLANTIC AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAYTONA BEACH, FL	City & State: DAYTONA BEACH, FL
Zip: 32118 Country: VOLUSIA	Zip: 32118 Country: VOLUSIA

4. Date Incorporated or Qualified To Do Business in Florida: MAY 18, 2005

5. FEI Number: 41-2176942 ☐ 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: HEMANT I. PATEL

Street Address (P.O. Box Number is Not Acceptable): 1717 N. ATLANTIC AVE

Suite, Apt. #, Etc.:

City: DAYTONA BEACH State: FL Zip Code: 32118

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07/14/10--01026--010 **1200.00

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: X Hemant I. Patel Date: X 7/12/10
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
PRES	HEMANT I. PATEL	1717 N. ATLANTIC AVE,	DAYTONA BEACH, FL 32118
VPRES	MOHAN S. PATEL	484 S. ATLANTIC AVE,	ORMOND Beach, FL 32176
SEC	BHANU H. PATEL	1717 N. ATLANTIC AVE	DAYTONA Beach, FL 32118
TREAS	SOBHANA M. PATEL	484 S. ATLANTIC AVE,	ORMOND BEACH, FL 32176

10. **E-mail Address:** TREKMAN@cfl.rr.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: X Hemant I. Patel X 7/20/10 X (386) 258-6238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #